Government of
Saskatchewan

2006 - 2007
Annual Report

Saskatchewan
Health

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This annual report is also available in electronic format from the department's website at www.health.gov.sk.ca

Letters of Transmittal

His Honour the Honourable Dr. Gordon L. Barnhart, S.O.M., Ph.D.
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2007.

This report continues to reflect a move toward greater accountability within government and Saskatchewan Health in particular as we strive to offer the best possible health care to all residents of Saskatchewan.

Respectfully submitted,

Len Taylor
Minister of Health

Graham Addley
Minister of Healthy Living Services

The Honourable Len Taylor
Minister of Health

The Honourable Graham Addley
Minister of Healthy Living Services

On behalf of the staff of Saskatchewan Health, I have the honour of submitting the Annual Report of the Department of Health. In accordance with *The Department of Health Act*, this report covers the activities of the department for the fiscal year ending March 31, 2007.

The various branches of Saskatchewan Health did an exceptional job of planning, monitoring, and reporting results. This report was made possible by their efforts.

Respectfully submitted,

John Wright
Deputy Minister

Introduction

This report on the activities of Saskatchewan Health covers the fiscal year 2006-07. Much of this report documents the department's progress in accomplishing its performance plan for the year. You will also find a summary of key results, the department's organizational structure, a detailed progress report, and appendices of important reference documents about the department, such as a directory of services. For a report comparing Saskatchewan's health services with those in other provinces, see the Saskatchewan Comparable Health Indicator Report found under "Publications/Health Status and Research" at www.health.gov.sk.ca.

The Action Plan for Saskatchewan Health Care continues to guide the work of Saskatchewan Health. We are committed to strengthening the health care system, retaining and recruiting health care providers, providing timely access to quality services and planning for sustainability of a system that continues to face increasing demand for service. The Action Plan provides a clear picture of the government's health care priorities and plans and is available to the public at www.health.gov.sk.ca.

The annual report describes actual results for the key actions and performance measures that were outlined in the 2006-07 Performance Plan, which was released with the 2006-07 budget. The Performance Plan can be found at http://www.health.gov.sk.ca/budget-perform-plan-2006-07.pdf. The 2007-08 Performance Plan can be found at http://www.health.gov.sk.ca/ budget-perform-plan-2007-08.pdf.

Saskatchewan Health continues to make improvements to the annual report that are tied to continued implementation of government's system of planning, measuring and reporting. By reporting on actual year-end results, both financial and performance, as compared to the Performance Plan released at the beginning of 2006-07, Saskatchewan Health increases its accountability to the public.

The following examples highlight key actions that were accomplished by Saskatchewan Health during the 2006-07 year.

Infrastructure projects such as the planning for the Muskeg Lake Cree Nation Diabetes Centre and the new Saskatchewan Disease Control Laboratory at the Regina Research Park are underway. In addition the Cypress Regional Hospital, a new 89-bed regional hospital in Swift Current was completed in April 2007. Construction continued on the Ile a la Crosse joint use facility, providing 11 inpatient rooms, 17 long-term care rooms, community and public services, as well as a share of community spaces attached to a high school and day care. Construction will be completed in September 2007.

Saskatchewan Health worked with its many partners to develop a plan for children's mental health services in Sakatchewan, as recommended by the Children's Avocate. Several initiatives under the plan were accomplished including:

- The development and distribution of a booklet on depression and suicide in youth, and a brochure about the children's mental health services plan;
- Positions such as the psychologist position for distance specialist consultation for southern Saskatchewan, the social work/psychology positions (3) for family-based therapeutic residential services for youth with mental disorders in Moose Jaw, Prince Albert and Lloydminister, and the social work position to provide children's mental health services in the Melfort, Nipawin, Tisdale region have been filled; and
- Additional mental health outreach and respite services are being provided.

Substance abuse prevention and treatment options for youth and families continue to be addressed through Project Hope. *The Youth Drug Detoxification and Stabilization Act* was proclaimed April 1, 2006. Six interim beds were opened at the Secure Youth Detoxification Centre in Regina, youth outreach and

Introduction

associated services related to the Act are being implemented in each of the 12 regional health authorities and the Athabasca Health Authority, and mobile treatment is being delivered in northern Saskatchewan communities.

Saskatchewan Health continues to put emphasis on reducing wait times for diagnostic and surgery services and in ensuring the best possible patient outcomes are achieved.

A new radiology information system and picture archiving communication system will securely schedule, store and transmit digital images quickly between health facilities enabling authorized care givers to view and/or consult on studies without having to transport patients. The systems will reduce costs and delays for patients and the health system. The Saskatoon and Regina Qu'Appelle Regional Health Authorities will be the first to implement the Radiology Information System, followed by mid-sized regions.

Between March 31, 2006 and March 31, 2007, the number of patients waiting for surgery in Saskatchewan's seven largest regional health authorities decreased by more than 2,600, and the number on the registry who have been waiting longer than a year for their surgery decreased by more than 1,200.

Working Together: Saskatchewan's Health Workforce Action Plan, released in December 2005, set out a plan to improve health care in Saskatchewan by keeping and attracting health care professionals. Recruitment and retention of our healthcare professionals remains a top priority. A $25 million retention and recruitment fund was put in place in September 2006 - a three year initiative to retain and recruit health professionals in Saskatchewan. The Health Workforce Steering Committee and a Provincial Nursing Committee were formed to advise on the development, implementation and evaluation of recruitment and retention initiatives. Included under this fund is a $6 million relocation and recruitment grant program to encourage health providers to move to Saskatchewan and work in rural, northern and hard-to-recruit positions, as well as a $6 million retention grant program providing up to $75,000 for retention projects focused on keeping health providers in Saskatchewan. In addition, Saskatchewan Health developed and launched a provincial recruitment agency and website, HealthCareersinSask.ca.

Who We Are

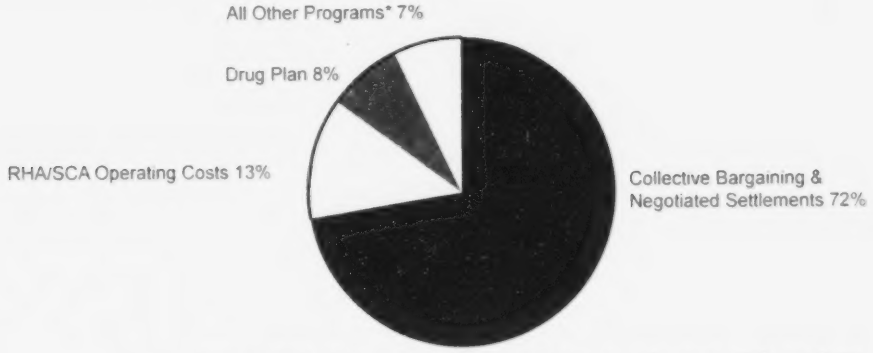
Saskatchewan Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. We carry out this mandate by establishing policy direction, setting and monitoring standards, providing funding, supporting regional health authorities, and ensuring the provision of essential and appropriate services to Saskatchewan residents.

Overseeing a complex, multi-faceted health care system calls for clarity, consistency, and commitment. We clearly defined our long-term goals in *The Action Plan for Saskatchewan Health Care*, consistently applied these goals to specific annual plans for Saskatchewan Health and regional health authorities, and committed to measurable results.

Saskatchewan Health is a dedicated workforce of over 600 employees who, on a daily basis, ensure that applications are processed, cards issued, bills paid, programs explained and inquiries answered. We are particularly committed to changes that will improve the health care system and make it sustainable into the future.

In 2006-07, the government budgeted $3.189 billion for health care. This represents an increase of 10.2 per cent or $295.6 million over the previous year.

Dollars were allocated in the following ways:



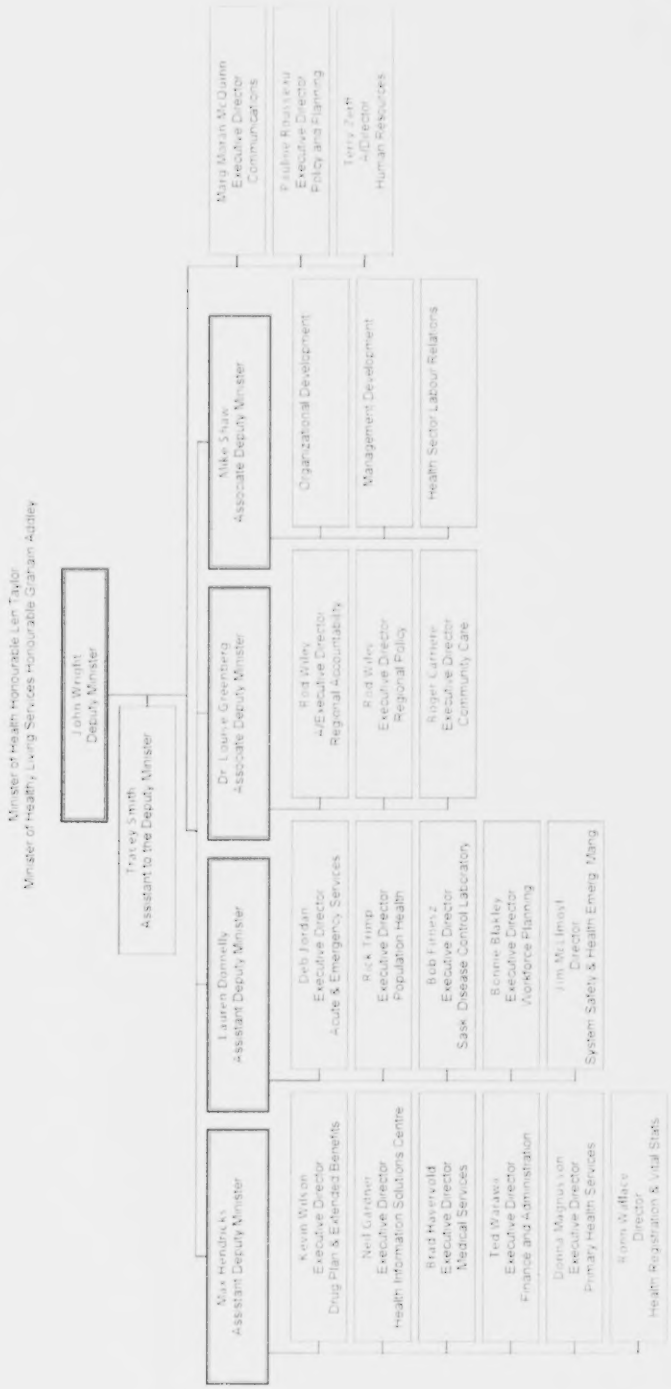
* Includes Provincial Programs such as Out-of-Province Services, CBS, and SHIN.

Saskatchewan Health works closely with its many partners in the health sector to deliver high quality services. Internally, the department is organized into 18 branches, each working to ensure the health system remains accountable to the people of the province and sustainable into the future. The primary role of the department is to provide leadership in defining and implementing a vision for health and healthy living, and a framework for health systems to ensure Saskatchewan residents are provided with essential and appropriate services.

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. It also provides health service to certain members of the population (e.g. veterans, military personnel and First Nations people living on reserve). Provincial governments are responsible for most other aspects of health care delivery.

The need for continued investment in Saskatchewan's health system is clear. However, we need to achieve a balance between high public expectations for services and the need to control costs and invest in long-term public health improvements.

Organizational Chart as of March 31, 2007



2006-07 Results at a Glance

2006-07 Results at a Glance

The 2006-07 Performance Plan continues the strategic direction set out in *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*, which was released in 2001. The Action Plan is a broad strategic plan that outlines our vision for the future of the health system, and provides a blueprint to ensure the continued delivery of accessible, quality health care in Saskatchewan.

Our vision for Saskatchewan remains unchanged:

"Building a province of healthy people and healthy communities."

While our vision and goals remain constant over time, the key actions on which we focus often change from year to year. The 2006-07 Annual Report highlights achievements according to the long-term goals, objectives, and performance measures laid out in the 2006-07 Performance Plan:

Goals	Objectives
1. Improved access to quality health services.	• Responsive, co-ordinated primary health care. • Reduce wait times for surgical and diagnostic procedures. • Improve access to hospital, specialized services, home care and long-term care.
2. Effective health promotion and disease prevention.	• Improve promotion, advocacy and information for healthier lifestyles. • Improve the health of northern and Aboriginal communities.
3. Retain, recruit and train health providers.	• Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs. • Develop representative workplaces that facilitate full participation in all health occupations. • Safe, supportive, and quality workplaces that retain and recruit health care professionals.
4. A sustainable, efficient, accountable, quality health system.	• Ensure quality, effective health care. • Appropriate governance, accountability and management for the health sector. • Sustain publicly funded and publicly administered medicare.

2006-07 Results at a Glance

Saskatchewan Health made significant progress in many key areas in 2006-07. Our investments span the full range of health care delivery from new ways of accessing primary health care, to improving surgical access across the province, and to building new health care facilities.

At Saskatchewan Health, we know that every investment counts. The following list provides a short sampling of our work in 2006-07.

Goal 1: Improved Access to Quality Health Services
As part of Saskatchewan Health's plan to recruit midwives, two $7,000 bursaries were made available for baccalaureate midwives, and two $7,000 bursaries for foreign trained midwives from Saskatchewan were provided to attend the assessment and bridging program in Ontario. It is anticipated midwifery will be available in the Regina Qu'Appelle Regional Health Authority by spring/summer 2007.
In 2006-07, the department targeted $8.9 million, over and above base operating funding for surgical services, for regional health authorities to reduce wait times for surgery. The purpose of these funds was to (1) target patients who have been waiting longer than 18 months for inpatient or day surgery in the Saskatoon and Regina Qu'Appelle Regional Health Authorities and (2) improve system performance and management.
A 14 acute care bed expansion increased capacity at Victoria Hospital in Prince Albert Parkland Regional Health Authority. Saskatchewan Health provided $500,000 to help with this project, which was completed in February 2007. As of March 31, 2007, a total of 121 beds were staffed and in operation. However, the regional health authority plans to staff and operate 127 acute care beds during the 2007-08 fiscal year.
Goal 2: Effective Health Promotion and Disease Prevention
In 2006-07, Saskatchewan's budget for Project Hope was $18.7 million, which included $3.1 million in support of *The Youth Drug Detoxification and Stabilization Act* (Secure Care).
During 2006-07 the government made strong progress regarding initiatives for citizens with cognitive disabilities and the prevention of Fetal Alcohol Spectrum Disorder (FASD). The Cognitive Disabilities Strategy ($4.15 million annual budget) includes a range of initiatives that will improve assessment and diagnosis, provide individuals and families affected by cognitive disabilities, including FASD, with better access to supports, and strengthen the prevention and early intervention of FASD.
Saskatchewan Health worked with its many partners to develop a plan for children's mental health services in Sakatchewan as recommended by the Children's Advocate. The plan, which began implementation in fall 2006, will enhance children's mental health services by providing more evidence-supported services, providing supports for families and service providers, as well as improving access to services. Saskatchewan Health provided an additional $1 million for 2006-07, rising to $2.5 million in 2007-08 and $3.0 million (annualized) in 2008-09 in support of this plan.
In February 2004, Saskatchewan Health finalized the Provincial Diabetes Plan which provided the regional health authorities with a framework for a comprehensive and coordinated team approach to diabetes management, recognizing that the person with diabetes is responsible for self-management of the disease. The four components of the plan are: primary prevention of type 2 diabetes; optimum care for the prevention of complications; diabetes education for health care providers; and surveillance.
Saskatchewan Health is working with Aboriginal and health sector organizations along with the federal government to adapt the health system to better meet First Nations and Métis health needs through the Aboriginal Health Transition Fund. Work is also being done to increase the representation of First Nations and Métis peoples in the health care system.

2006-07 Results at a Glance

Goal 3: Retain, Recruit, and Train Health Providers

The provincial recruitment agency was developed and has been in direct contact with over 3,500 students. In addition, more than 880 health care workers applied for opportunities posted on the recruitment agency website. At the end of March 2007, 121 individuals had been approved to receive grants through the recruitment grant program.

Saskatchewan has the highest Aboriginal enrolment rate - 17 per cent - in its nursing programs in Canada. In the spring of 2006, Saskatchewan hosted an Aboriginal health human resource forum with approximately 150 participants from across unions, federal and provincial government departments, territories and industry. Plans are underway for the development of a virtual Aboriginal training center of excellence that will address the current and future health human resource needs of Aboriginal peoples.

In 2006-07, the Workforce Planning Branch provided $500,000 to regional health authorities to undertake quality workplace initiatives. In addition, Saskatchewan Health has led the development of a provincial Occupational Health and Safety framework in conjunction with regional health authorities and the Saskatchewan Cancer Agency.

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

A provincial working group has been formed to develop a strategy for the delivery of antivirals in the event of a pandemic. Saskatchewan Health and regional health authorities are also planning for the administration of influenza vaccine and distribution of antiviral drugs.

In September 2006, Saskatchewan Health announced an initiative to introduce a new computer-based operating room information and scheduling system to replace paper-based systems and outdated computer systems in six regional health authorities.

Full rollout of the Pharmaceutical Information Program (PIP) Medication Profile Viewer began in March 2006. PIP is a secure, web-based computer application that provides authorized health care professionals (such as pharmacists, physicians, and nurses) with access to medication histories of Saskatchewan patients and other tools to help make drug therapy decisions. PIP will enhance patient safety and help to prevent dangerous or inappropriate use of drugs, by helping providers select the best medication, avoid drug interactions, and avoid duplications of therapy.

Saskatchewan Health began construction on four integrated health care facilities:
- Outlook Integrated Health Facility
- Maidstone Integrated Health Facility
- Moosomin Integrated Health Facility
- The long-term care addition to Hudson Bay Health Facility

Summary of Financial Results

	2006-07 Actuals $000s
Revenue	**14,515**
Expenditures	
Central Management and Services	14,547
Regional Health Services	2,207,211
Provincial Health Services	153,342
Medical Services and Medical Education Programs	584,526
Drug Plan and Extended Benefits	250,248
Early Childhood Development	8,964
Provincial Laboratory Infrastructure Project	2,389
Total Appropriation	**3,221,227**
Capital Asset Acquisition	(17,681)
Capital Asset Amortization	(580)
Total Expense	**3,202,966**
Full Time Equivalents (FTE)	**675.3**

In 2006-07, the department received revenue totaling $14.5 million, $0.6 million more than budgeted. This variance is mainly the result of refunds of previous years' expenditures.

In 2006-07, the department invested $3.221 billion, $32 million more than provided in its initial estimates. In November 2006, the department received additional funding of $30.4 million through supplementary estimates to provide for costs associated with health sector recruitment and retention initiatives, reclassification and pay equity adjustments in regional health authorities, higher than anticipated utilization of out-of-province medical services and increased drug costs in the Saskatchewan Prescription Drug Plan. In March 2007, the department received additional appropriation of $20 million through supplementary estimates and a special warrant to provide for the purchase of two air ambulance aircraft and to provide the Saskatoon Regional Health Authority with funding for Station 20, a community-based centre that will include health-related services.

In 2006-07, the department's full-time equivalent (FTE) complement totaled 675.3 FTEs. This represents a decrease of 8.9 FTEs from budget. The variance is the result of vacancy management within the department.

2006-07 Performance Results

2006-07 Performance Results

Goal 1
Improved Access to Quality Health Services

Objective 1: Responsive, co-ordinated primary health care

Primary health care is the foundation of the health care system, and continues to be both a national and provincial priority. It involves providing services through teams of health professionals to individuals, families and communities throughout the province. Primary health care involves a proactive approach to preventing health problems and ensuring better management and follow-up once a health problem has occurred. The renewal of primary health care is essential for the sustainability of our health care system, so that it can continue to provide the quality and accessibility of care that Canadians expect. Changing the health care system is a challenging task that takes time and unwavering effort. It requires strong collaborative partnerships among multiple stakeholders, including all levels of government.

Key Actions: Results

Continue to promote the establishment of primary health care teams and provide them with the technologies necessary to support continual improvements in the quality and co-ordination of care, including the management of chronic disease and the prevention of illness.

Regional health authorities continue to implement their plans for primary health care. There are currently 43 primary health care teams, five of which are new in 2006-07, providing access to services in many parts of the province. Two existing teams were also expanded, and the regional health authorities have received approval to develop ten more teams.

Saskatchewan Health provided $8 million to the Station 20 West project in Saskatoon, an urban renewal partnership project that will provide a range of health, food, community and economic development opportunities to inner city residents.

Introduce midwifery services as part of a multidisciplinary health care team including physicians and other health care professionals.

On May 16, 2006, Cabinet approved the establishment of a Midwifery Implementation Committee (MIC) to oversee the introduction of publicly funded midwifery services in Saskatchewan. The MIC established four key working groups to facilitate the establishment of this service – communications, labour relations, site implementation and legislative and regulatory. Individuals were identified to serve on these working groups, and all committees are meeting.

In February 2007, selected sections from 1-17 and 40-50, as well as sections 51 and 52 of *The Midwifery Act* were proclaimed. The proclamation of these selected sections created the transitional council, giving them the authority to manage and regulate the affairs and business of the college, and allowing the council to create and enact bylaws.

On March 6, 2007, the Lieutenant Governor appointed ten members to the transitional council, which guides the implementation process. The transitional council represents the major partners involved in the midwifery program.

As part of Saskatchewan Health's action plan to recruit midwives into Saskatchewan, two bursary

2006-07 Performance Results

programs to support existing and student midwives have been developed. The first program offers a $7,000 bursary to foreign trained midwives needing to undergo an assessment and bridging program. The second program offers a $7,000 bursary to students who are registered in a four year midwifery baccalaureate program at a recognized university in Canada. Each bursary has a return service requirement ranging from one to two years. Both of these bursaries have generated interest from midwives across Canada.

Both the Regina Qu'Appelle and Saskatoon Regional Health Authorities received funding to establish a site planning team. These teams are focusing on the region's needs for midwives to practise including policy, procedures and process revisions, location of services and staff and public education sessions. Funding has also been provided to both Regina and Saskatoon for the employment of four midwives in each city in 2007-08.

In addition to progress made on planned key actions, other key results include the expansion of *HealthLine* and the introduction of *HealthLine Online*. In 2006-07 *HealthLine* expanded its services to provide the mental health and addictions crisis response service. Professional social workers and registered psychiatric nurses provide this service. They are available on a 24-hour basis to enhance crisis response abilities and facilitate access to the health system.

This year Saskatchewan Health enhanced *HealthLine* by adding a complementary service, *HealthLine Online*. Through an agreement with Healthwise, a non-profit organization that supports a variety of health care decisions, such as when a problem can be treated at home, when to see a doctor, and what treatment options may be best for an individual, *HealthLine Online* provides medically approved health information on Saskatchewan Health's web site.

Saskatchewan Health continues to invest in initiatives that support improved emergency medical services. Two new King Air B200 aircrafts for Saskatchewan Air Ambulance, also known as Lifeguard, were purchased at a cost of $12 million. The service operates out of Saskatoon's John G. Diefenbaker International Airport, providing more than 1,200 trips and flying nearly one million kilometres annually. The new aircrafts will be in service in the summer of 2007.

Measurement Results

Percentage of population served by primary health care teams

There are currently 43 primary health care (PHC) teams, five of which are new in 2006-07, providing access to services in many parts of the province. Two existing teams were also expanded, and the regional health authorities have received approval to develop ten more teams.

Year	Populations Served (%)
2003-04	14.9
2004-05	23.9
2005-06	26.5
2006-07	20*

* Note: the reduction in the percentage of population served reflects corrected population and catchment numbers.

Data Source: Primary Health Services Branch, Saskatchewan Health. Based on data provided April 25,

2007, as cited in the Performance Management Accountability Indicators: Data Tables, June 11, 2007.
Calculation: The specific health regions define the catchment area (urban and rural communities and neighbourhoods) for each of the teams, with the exception of the urban community clinics, established within their jurisdiction on the basis of geographic distribution and demography. In the case of Community Clinic primary health care (PHC) teams in Regina, Prince Albert, Wynyard and Saskatoon, the 2005-06 discrete patient count was used to define their catchment population.
Numerator: Number of Saskatchewan residents in the catchment area of primary health care teams.
Denominator: 2005 covered population
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: The percentage of the population with geographic proximity to (PHC) teams is a good short-term measure of patient access to primary health care. The percentage denotes Saskatchewan's covered population within geographic proximity to (PHC) teams calculated on the basis of "catchment" area (urban and rural communities and neighbourhoods within geographic proximity of the team). Individual regional health authorities define the catchment area for each of the teams in their jurisdiction. As of March 31, 2007, 20 per cent of the Saskatchewan population had access to a primary health care network. This percentage has dropped slightly from the previous two years due to a correction in population and catchment numbers. In 2006-07, there was a total of 43 PHC teams in Saskatchewan – 25 in rural Saskatchewan, ten metropolitan teams (Saskatoon, Regina and Prince Albert) and eight in the North. Four of the PHC teams are located in community clinics in Prince Albert, Regina, Saskatoon and Wynyard. In addition, ten teams are currently in development with funding from the department. Saskatchewan Health works closely with regional health authorities and health provider groups (e.g. Saskatchewan Medical Association, Saskatchewan Registered Nurses' Association) in the development of PHC teams. The department's reported success on this measure is dependent on the co-operation of regional health authorities, health provider groups, population health promotion initiatives and improved chronic disease management.

Hospitalization rate for ambulatory care sensitive (ACS) conditions

Year	Saskatchewan	Canada
2002-03*	627**	416
2003-04	621**	406
2004-05	597**	392
2005-06	622**	389

* In 2002-03, CIHI changed the definition of ACS conditions to include only those hospitalizations among persons under the age of 75.2.
** Statistically different from the Canadian average rate ($p \leq 0.05$).

Data Source: The Canadian Institute for Health Information (CIHI), Health Indicators, 2007. Hospital Morbidity Database, CIHI; Discharge Abstract Database, CIHI; Minisfère de la Santé et Des Services Sociaux du Quebec.
Calculation: Age-standardized inpatient acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization, per 100,000 population under age 75 years. Hospitalizations for ACS conditions are considered to be an indirect measure of access to appropriate medical care. While not all admissions for these conditions are avoidable, appropriate ambulatory care could potentially prevent the onset of such illnesses or conditions, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.
Numerator: Total number of hospital admissions for ACS conditions.
Denominator: Total mid-year population under age 75 years x 100,000 (age-adjusted).

Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Long-term health conditions such as diabetes, asthma, mental health illness, and alcohol/drug dependence can often be managed and treated without hospitalization through effective community-based preventive and primary health care. Hospital admissions and/or the length of hospital stays can be reduced for these ACS conditions (this refers to conditions that are amenable to treatment in outpatient settings) through better management by primary health care teams. Examining the rate of preventable hospital admissions provides a practical way of evaluating primary health care delivery. The department's influence on this long-term measure is limited by the type and mix of available primary care services, the health-seeking behaviour of individuals, disease prevalence or incidence rates, physician practices, environmental factors (e.g. exposure to environmental risk), and the personal or economic barriers facing individuals.

Objective 2: Reduce waiting times for surgical and diagnostic procedures

Saskatchewan Health continues to place a priority on promoting surgical and diagnostic access and improving both systems. Saskatchewan Health has a long-term plan designed to improve access to surgical services and ensure access is more reasonable, fair and predictable for Saskatchewan residents.

In 2006-07, $22 million was allocated for the purchase of capital equipment, including $4.8 million to support improvements to diagnostic imaging services in Saskatchewan. In 2006-07, the department targeted $8.9 million, over and above base operating funding for surgical services, for regional health authorities to reduce wait times for surgery. The purpose of these funds was to: (1) target patients who have been waiting longer than 18 months for inpatient or day surgery in the Saskatoon and Regina Qu'Appelle Regional Health Authorities; and (2) improve system performance and management.

The largest portion of the targeted funds was provided to the two largest regional health authorities, Regina and Saskatoon, where most of the longest waits for surgery occur. The number of patients on the registry who have been waiting longer than a year in Saskatoon and Regina Qu'Appelle Regional Health Authorities was reduced by more than 1,000 cases in 2006-07, including a reduction of more than 750 cases in the number who have been waiting longer than 18 months.

The department spent $10 million for equipment purchase and renovations to replace the MRI at the Royal University Hospital in Saskatoon for the new Academic Health Sciences building. As well, $400,000 was approved for renovations to add the province's fifth MRI at the St. Paul's Hospital in Saskatoon.

Key Actions: Results

Continue initiatives regarding surgical throughput by:

1) Developing initiatives to improve pre-surgical management of patients with major joint disease and back problems.

Through the Saskatchewan Surgical Care Network (SSCN), development of a Provincial Hip and Knee Pathway for patients with joint disease is underway. The purpose of the pathway is to streamline and create processes that will improve patient access to the assessment of their condition and surgical treatment if required. Once the pathway for hips and knee replacement patients is implemented, a working group will develop a pathway for patients with back pain and spinal problems.

2006-07 Performance Results

2) Improving system performance and management of surgical services through the use of the surgical patient registry in the areas of wait list monitoring and access management, as well as implementation of a new operating room scheduling system in many of our major surgical centres.

The surgical patient registry is operational in all regions where operating room surgeries are provided, with exception of Mamawetan Churchill River, Keewatin Yatthé and Athabasca Regional Health Authorities, and tracks all patients who are booked for surgery in the province.

The Saskatoon and Regina Qu'Appelle Regional Health Authorities each have a surgical care co-ordinator who provide a communication link between patients, their referring physician, and the regional health authorities. They assist patients by: confirming that a patient is on a wait list for surgery; checking if the patient has an admission date to the hospital; providing an estimated wait time for surgery; and providing general information about hospital waiting lists, waiting times and booking procedures. All regional health authorities have a contact person or client representative that patients can contact to review concerns about patient care. In other regions, these contacts, who are listed on the SSCN web site, can provide patients with information about their wait for surgical care.

The surgical information system (SIS), will support the planning and delivery of surgical care and is a component of the wait list strategy. The SIS will be implemented in each of the five regional hospitals and in the Saskatoon Regional Health Authority. The project brings together three types of information: surgical scheduling, surgical charting and integration with regional materials management systems. The system will also support improved data exchange between surgery booking offices, physicians and the wait list registry through automated interfaces. The benefits of this type of system include improved information for wait list management (wait time reporting), improved information for operating theatre utilization, cost effectiveness, and increased quality of care delivered to patients.

Continue development and implementation of a comprehensive strategy for diagnostic imaging services that includes planning and development of a diagnostic imaging registry and a website that is similar to the surgical management system.

Diagnostic imaging services remain a high priority for Saskatchewan Health. Planning and implementation of the transformation of Saskatchewan's diagnostic imaging services to digital format continues. A new radiology information system and picture archiving communication system will securely schedule, store and transmit digital images quickly between health facilities. The system will reduce costs and delays for patients and the health system. The Saskatoon and Regina Qu'Appelle Regional Health Authorities will be the first to implement the radiology information system, followed by mid-sized health authorities. As well, a long-term capital equipment replacement startegy was implemented and the establishment of a provincial diagnostic equipment bulk purchase practice, resulted in a $300,000 saving in the first year.

The regional health authorities received targeted funding to improve patient access to specialized diagnostic imaging services. Regional health authorities did 125,892 CT scans, exceeding the targeted 103,000 scans. Wait time for elective CT exams is less than 90 days in all provincial and regional hospitals.

For elective magnetic resonance imaging (MRI) and bone mineral density (BMD) exams, wait times have decreased by 54.7 per cent, from 300 to 136 days, and 23 per cent, from 390 to 300 days, respectively, in Regina between March 31, 2006 and March 31, 2007. During the same period, Saskatoon experienced a decrease of 14 per cent, MRI from 210 to 180 days, and 30 per cent, BMD from 445 to 309 days.

2006-07 Performance Results

MRI

A year-over-year comparison (06-07 vs. 05-06) indicated both Regina Qu'Appelle and Saskatoon Regional Health Authorities serviced more patients and completed more exams: 15.6 per cent and 11.7 per cent, respectively. The increase from the last fiscal year demonstrates the regions are improving the delivery of services, and increasing demand on the service. The increased number of patients served is reflected in significantly reduced wait times for patients.

BMD

A year-over-year comparison (06-07 vs. 05-06) indicated both Regina Qu'Appelle and Saskatoon Regional Health Authorities had served more patients and completed more exams: 38.9 per cent and 23.2 per cent, respectively. The total number of patients served in these two regional health authorities totalled 14,213.

Measurement Results

Number of cases to the operating room in major surgical centres compared to target volumes*

	Surgical Volumes**		
Year	Target	Actual	Actual as % of Target
2005-06	74,613	75,057	100.6
2006-07	75,619	74, 371	98.3

* Regional health authorities reporting: Sun Country, Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Heartland, Kelsey Trail, Prince Albert Parkland, and Prairie North.
** Surgical volumes are obtained from date-specific refreshes of the SSCN Surgical Registry datamart.

Number of patients waiting longer than 12 months for surgery*

Date	Frequency	% Change
March 31, 2005	7,911	-
March 31, 2006	6,468	-18.24
March 31, 2007	5,221	-19.28
Change March 31, 2005-March 31, 2007	-2,690	-34

* Regional health authorities reporting: Sun Country, Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Heartland, Kelsey Trail, Prince Albert Parkland, and Prairie North.

Data Source: Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry data mart, Acute and Emergency Services Branch, Saskatchewan Health. Current report is based on the April 30, 2007 refresh of the data registry, as cited in the Performance Management Accountability Indicators: Data Tables, June 11, 2007.
Calculation: Numbers may differ from previously reported values due to additions and corrections to the registry. Target = Expected benchmark of number of surgical cases. Actual = Real number of surgical cases.
Numerator: Actual volume
Denominator: Target volume
Calculation: Actual as a per cent of target volume = (numerator/denominator) x 100
Annual per cent change: ((Frequency year 1 - Frequency year 2)/ Frequency year 1) x 100

2006-07 Performance Results

Analysis/Interpretation: Since 2005, all regional health authorities set a target number of surgeries to be performed over the course of the fiscal year. This indicator shows whether this target was met or not. Since 2005-06, more than 98 per cent of all surgical targets have been successfully reached. Since March 31, 2005, there were 2,690 fewer patients waiting longer that 12 months for surgery. This represents a decline of 34 per cent. Saskatchewan Health is continuing to refine processes to better manage surgical wait times.

The current method of assessing priority levels for surgeries is under review and may be subject to further refinement. For more information on the waiting times for select procedures by region, please refer to the statistics on the Saskatchewan Surgical Care Network (SSCN) website: http://www.sasksurgery.ca.

Number of Magnetic Resonance Imaging (MRI) exams performed and patients served (compared to Annual target volumes)

MRI	Annual Volumes *		
	Target	Actual	Actual as % of Target
2005-06			
Patients Served	12,850	12,478	97.1
Exams Performed	20,625	19,618	95.1
2006-07			
Patients Served	14,089	14,426	102.4
Exams Performed	24,177	21,905	90.6

* Annual volumes based on the fiscal year reporting period

Number of Computed Tomography (CT) exams performed and patients served (compared to annual target volumes)

CT	Annual Volumes *		
	Target	Actual	Actual as % of Target
2005-06			
Patients Served	61,547	63,228	102.7
Exams Performed	102,189	105,101	102.8
2006-07			
Patients Served	70,623	69,241	98
Exams Performed	117,349	125,892	107.3

* Annual volumes based on the fiscal year reporting period

Data Source: Acute and Emergency Services Branch, Saskatchewan Health. Based on data provided May 1, 2007, as cited in Performance Management Accountability Indicators: Data Tables, June 11, 2007.
Calculation: Target = Expected benchmark of number of patients served and exams performed over a fiscal year period. Actual = Real number of patients served and exams performed over a fiscal year period.
Numerator: Actual volume
Denominator: Target volume

2006-07 Performance Results

Calculation: Actual as a per cent of target volume = (numerator / denominator) x 100
Analysis/Interpretation: Through the work of the diagnostic imaging network and its two subcommittees (the operations and information technology sub-committee and the Advisory Committee on Diagnostic Imaging), Saskatchewan has been working toward implementing a standardized province-wide wait time definition and an urgency classification with associated wait time benchmarks for diagnostic imaging procedures for CT and MRI. In 2006-07, there were 2,000 more patients who received an MRI than in the previous year and exceeded the set target for the year. While MRI exams also exceeded the number performed in 2005-06, the actual number of MRI exams performed was over 90 per cent of the set target. For CT exams, more than 6,000 more patients served in 2006-07 compared to the previous year, which reached 98 per cent of the targeted number of patients. The number of CT exams also increased sharply over the previous year and exceeded the set target in 2006-07.

Objective 3: Improve access to hospital, specialized services, home and long-term care

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals, specialized services, and long-term care, we continue to invest in capital projects, new equipment, and specialized centres to help people get the type of care they need. In 2006-07, $50 million was dedicated to major capital projects.

Saskatchewan Health provided $1.7 million to the Saskatoon Regional Health Authority for a new cardiac catheterization lab that opened in January 2006. The lab replaces a facility which closed in 2004 due to outdated equipment. The region also received $650,000 in one-time provincial funding to expand its capacity to provide cardiac services in March 2006. The health region has recruited two additional cardiologists to help meet the rising demand for cardiac care services, and two more cardiologists are expected to be in place in 2007-08. Capacity is expected to increase approximately 23 per cent as a result of the improvements. In addition, the Regina Qu'Appelle Regional Health Authority recruited an additional cardiologist in 2006-07 to meet the increasing need for cardiac care services.

Key Actions: Results

Expand acute care bed capacity in the regional hospital in the Prince Albert Parkland Regional Health Authority.

Saskatchewan Health funded a 14 bed expansion of acute care bed capacity at Victoria Hospital in the Prince Albert Parkland Regional Health Authority. The expansion was completed in February 2007, and as of March 31, 2007, a total of 121 beds were staffed and in operation. The regional health authority plans to staff and operate 127 acute care beds during the 2007-08 fiscal year.

Increase capacity and accessibility by developing a further renal dialysis site in southern Saskatchewan.

Saskatchewan Health seeks the advice of the Saskatchewan Integrated Renal Program (SIRP) Steering Committee with respect to planning for chronic kidney disease services in the province. The membership of the SIRP Steering Committee includes the Kidney Foundation, nephrologists (physicians specializing in kidney function and disease), regional health authorities and Saskatchewan Health. A representative from the Federation of Saskatchewan Indian Nations is also on the committee. In assessing the need and location for dialysis services a number of factors are considered including reasonable geographic access across the province, current and future ability of a potential site to maintain qualified and trained staff, and current and future number of patients to be served. The Sun Country Regional Health Authority

is now completing construction on a new renal dialysis satellite site at St. Joseph's Hospital in Estevan, a location identified as a priority by SIRP. Staffing will be completed in the coming months, and the unit is scheduled to open in the fall of 2007. It will be able to accommodate dialysis patients from southeastern Saskatchewan who currently travel to Regina several times a week for treatment.

Also in 2006-07, the dialysis unit in Yorkton expanded its capacity by adding an evening shift six days per week. It can now accommodate up to 12 additional patients. Further expansions at other existing sites are under consideration.

The Electronic Renal Management System enables renal disease specialists in Regina and Saskatoon to remotely monitor the progress of patients. This service reduces the amount of travel necessary for patients who receive dialysis services at their local regional hospitals.

Follow-up on a review of the Home Care Program that included an assessment of the program design, service model and capacity.

Saskatchewan Health invested a total of $2.9 million for the enhancement of home care services. Each regional health authority submitted a plan to Saskatchewan Health outlining the implementation process for this new initiative. The additional funding will enhance the case management, nursing, personal care, home administration and palliative care services currently provided by home care, as well as introduce a mental health home care component to services.

This increased support meets a commitment made by Saskatchewan Health and other provinces and territories to institute a minimum set of home care services to be delivered across the country.

In addition to progress made on planned key actions, Telehealth Saskatchewan continues to play an important role in how we communicate. Telehealth Saskatchewan's mission is to improve the quality and accessibility of health services and health information for all people in our province.

Of the 1,588 Telehealth sessions that took place in 2006-07, clinical events represented the bulk of service utilization. Telehealth has been found to be useful in areas of patient follow-up appointments, pre-admission work-ups and initial clinical consultations. In 2006-07, 723 clinics were provided to 742 patients throughout Saskatchewan. This represents an overall increase of 55 per cent in clinical activity over 2005-06.

Education sessions for both health care professionals and patients accounted for 34 per cent of Telehealth activity in 2006-07. There were 529 educational events delivered last year to approximately 21,120 participants throughout Saskatchewan. This represents an increased utilization of nearly 88 per cent in 2006-07 over that of 2005-06.

There were 317 administrative events hosted via Telehealth in this past year. This is an increase of about 45 per cent from 2005-06. Demand for service provision in this area continues to grow and is expected to again increase in the 2007-08 fiscal year.

2006-07 Performance Results

Measurement Results

Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:

- ***Overall health services received;***
- ***Services received in a hospital;***
- ***Services received from a physician; and***
- ***Community health services.***

Satisfaction Rating	Year		
	2001	2003	2005
Overall health services	85.3	87.9	87.3
Services received in hospital	82.9	87.8	83.8
Family doctor/other physician services	92.6	94.0	92.3
Community-based services	90.3	83.2	82.5

Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1, and 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada web site at : http://www.statcan.ca/English/concepts/hs/index.htm.

Calculation:

Numerator: Weighted number of individuals age 15 years or older reporting they were very or somewhat satisfied with the service provided.

Denominator: Total Saskatchewan population aged 15 or older who used health care services in the 12 months prior to the survey.

Calculation: (numerator/denominator) x 100

Analysis/Interpretation: Access to services and the quality of services provided are closely related. Patient satisfaction has always been an important long-term measure of the quality of health services. Based on this data drawn from the Canadian Community Health Survey (CCHS), patient satisfaction appears to have decreased for all health services since 2003. The most notable is the four per cent decrease in the population reporting very or somewhat satisfied with services received in a hospital. Saskatchewan Health is making efforts to improve the quality and effectiveness of health services. While patient satisfaction is an important indicator for assessing the global quality or effectiveness of health services, it has many limitations. The reasons for an individual's perception of satisfaction or dissatisfaction or quality of service are unknown, and could be related to a number of complex and interrelated factors. Therefore, the department's influence on this measure is limited by personal expectations, relationships with health care providers and patients' experiences.

Alcohol and drug inpatient treatment completion rate per 100 admissions

Year	Rate Per 100 Admission	
	Adults	Youth
2003 - 04	67.9	62.1
2004 - 05	64.3	62.8
2005 - 06*	69.1	68.7

* Latest available data.

2006-07 Performance Results

Data Source: Alcohol and Drug Client Information System (ADCIS), Community Care Branch, Saskatchewan Health. Latest data available are for 2005-06.
Calculation (Adult):
Numerator: Total number of adult admissions who complete alcohol and drug inpatient treatment programs.
Denominator: Total number of adult admissions to alcohol and drug inpatient treatment programs.
Calculation: (numerator/denominator) x 100
Calculation (Youth):
Numerator: Total number of inpatient admissions to Calder Centre (Saskatoon) Youth Program who complete alcohol and drug inpatient treatment programs.
Denominator: Total number of alcohol and drug inpatient admissions to Calder Centre (Saskatoon) Youth Program.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Saskatchewan Health provides treatment services for individuals experiencing substance abuse issues when services are needed. For some clients, a successful treatment experience is contingent on the completion of an appropriate substance abuse program. When clients do not complete their programs, this does not necessarily indicate system ineffectiveness. Clients must be ready for treatment and be properly directed to a service that most completely addresses the holistic need of the client. Lack of successful completion may indicate that the client is not ready for treatment or that the particular service needs of the client have not been met. It should be noted that it may take several attempts for substance abusers to successfully complete treatment. Saskatchewan Health affects this measure through funding and other program and policy supports. As part of *Saskatchewan's Action Plan for Substance Abuse*, Premier's Project Hope, access to treatment services has been improved through development of a mobile treatment service to provide treatment options for northern residents in their own communties. Also under Project Hope, a central accreditation process for substance abuse programs and services will be introduced so that clients and their families can be assured of quality and trustworthy expertise. This measure is currently under review to consider additional or alternate measures for improvement in access to treatment supports for individuals experiencing substance abuse issues.

Goal 2
Effective health promotion and disease prevention

Objective 1: Improve promotion, advocacy and information for healthier lifestyles

Saskatchewan Health's long-range planning for health promotion is outlined in its provincial strategy, *Healthier Places To Live, Work and Play... A Population Health Promotion Strategy for Saskatchewan.*

There are also a number of initiatives that reduce the effects and aid in the treatment of conditions such as substance use, diabetes, cognitive disability, and Fetal Alcohol Spectrum Disorder.

Saskatchewan Health is working to enhance programs and services that support positive mental well-being; reduce barriers to, and increase opportunities for, healthy eating habits; reduce tobacco, alcohol and drug use; and reduce barriers to, and increase opportunities for, regular and enjoyable physical activity in communities, schools and workplaces.

2006-07 Performance Results

Key Actions: Results

Continue the implementation of Premier's Project Hope as a comprehensive plan to prevent and treat substance abuse through a number of measures including:
- **Increased capacity for community outreach, detoxification and stabilization;**
- **Expanded awareness, training and prevention initiatives supported through the creation of a new Alcohol and Drug Prevention Education Directorate within Saskatchewan Health;**
- **Redeveloped the current provincial treatment model to reflect best practices;**
- **Enhanced youth treatment capacity and expand overall service capacity including more flexible treatment supports for individuals and families;**
- **Improved data research to guide policy development including a research chair at the University of Saskatchewan; and**
- **Improved co-ordination among departments and with other jurisdictions.**

In 2006-07, Saskatchewan's budget for Premier's Project Hope was $18.7 million, which included $3.1 million in support of *The Youth Drug Detoxification and Stabilization Act* (Secure Care). Several initiatives were accomplished including:

- Six new interim youth treatment beds in Prince Albert opened on April 1, 2006;
- The Drug Treatment Court opened in Regina on October 3, 2006;
- The Regina Qu'Appelle regional health authority is working on the development of detox capacity and is actively seeking a location for the centre;
- The Prevention and Education Directorate has been in place since October 31, 2005, and is working in a number of key areas to increase education and prevention efforts in the area of alcohol and drugs. An important part of this was the development of the "You always have a choice" media campaign aimed at young adults 19-29 to raise awareness of the risks and consequences associated with excessive drinking and promote the responsible use of alcohol. This campaign consisted of two TV ads which aired in November 2006, and washroom posters;
- In December 2006, Dr. Colleen Dell was appointed to the position of Addictions Research Chair at the University of Saskatchewan. Her role is to provide leadership in research and evaluation to address substance abuse issues and contribute to policy and program development efforts;
- Eleven of the 12 prevention/health promotion positions, one in each health region, are now in place and have been provided with orientation and additional training;
- Mobile treatment is being delivered in Northern Saskatchewan communities;
- Community outreach services are being expanded in Saskatoon, Prince Albert, Regina and North Battleford;
- *The Youth Drug Detoxification and Stabilization Act* was proclaimed on April 1, 2006. Six interim beds were opened at the Secure Youth Detoxification Centre in Regina;
- Youth outreach and associated services related to the Act are being implemented in each of the 12 regional health authorities and Athabasca Health Authority; and
- Plans are underway for the construction of treatment/detox centres in Prince Albert and Saskatoon.

Continue the implementation of the provincial diabetes plan and monitor progress on meeting the goals and objectives indentified in the plan.

Diabetes is a major health problem in Saskatchewan. It imposes a significant burden of disability on individuals affected and on society as a whole.

In February 2004, Saskatchewan Health finalized the provincial diabetes plan which provided the regional health authorities with a framework for a comprehensive and co-ordinated team approach to diabetes management, recognizing that the person with diabetes is responsible for self-management of

the disease. The four components of the plan are: primary prevention of type 2 diabetes; optimum care for the prevention of complications; diabetes education for health care providers; and surveillance. Each year $650,000 is allocated for diabetes programs and services.

Below is a summary of provincial activities on these fronts:

Primary Prevention of Type 2 Diabetes:

The provincial strategy, *Healthier Places To Live, Work and Play... A Population Health Promotion Strategy for Saskatchewan* aims to improve health. It also reduces the risk of developing many chronic conditions like diabetes by addressing the root causes of these diseases. The four key approaches are active communities, accessible nutritious foods, prevention of substance use and abuse, and mental well-being.

At the regional level, primary health care and diabetes team members are working together to identify individuals who are at highest risk of developing diabetes, encouraging lifestyle changes for healthier eating and increased physical activity to prevent or delay the onset of type 2 diabetes.

Several healthy lifestyle programs have been established within regional health authorities that support diabetes prevention such as: physical activity programs; baby-friendly breastfeeding initiatives; and school nutrition programs.

Optimum Care and Treatment for the Prevention of Diabetes Complications:

Enhanced screening and appropriate intervention

Primary Health Care (PHC) teams and diabetes teams are taking a proactive approach to the prevention and management of diabetes by screening individuals earlier, providing self-management education, and monitoring disease progression to prevent or delay the onset of complications. At-risk individuals are referred to the most appropriate care provider for intervention. In addition, the department is working with two regional health authorities to support the development of assessment tools for early detection of type 2 diabetes.

Self Management Support Program

In March 2006, the Saskatoon Regional Health Authority was contracted and provided with one-time funding to co-ordinate the ongoing delivery of the Live Well™ program within each health region. The program is aimed at teaching individuals the skills needed to manage the day-to-day challenges of living with a chronic health condition such as diabetes, asthma, arthritis, etc. Building capacity within regional health authorities will evolve over a three-year period from 2006-07 to 2008-09. Currently the program is being delivered in four regional health authorities.

Drugs and Supplies

On July 1, 2006, the Drug Plan implemented two initiatives related to coverage of certain drugs for diabetes. They include:

- Online pharmacy adjudications of two diabetes drugs, Actos and Avandia. These drugs are covered under Exception Drug Status (EDS), which is criteria-based coverage. This change allows patients, without current EDS coverage for either of these drugs, to be automatically approved when a claim is processed if the system is able to determine that criteria has been met (such as an alternative on the

patient's history and/or expired Actos or Avandia EDS coverage). This change allows for more rapid access to coverage of these two drugs; and

- Indefinite EDS coverage on a large number of EDS medications, which are used to treat chronic conditions. Previously, these drugs could only be approved for three years at a time. Once a patient meets criteria for one of these chronic medications, coverage will be provided indefinitely and never need to be renewed (For example NovoRapid and Humalog insulins).

In 2006-07, the Drug Plan provided coverage for a variety of insulins, oral hypoglycemic products and blood glucose testing strips subject to the usual patient co-payments. These products are provided at no charge to children less than 18 years of age under Family Health Benefits as well as all beneficiaries under Supplementary Health.

In 2006, the Drug Plan spent $15.2 million on diabetic supplies, blood glucose testing strips, insulin and oral medications representing 54 per cent of the total claimed cost for these products. In 2006, 45,561 families received at least one insulin, oral hypoglycemic or test agent through the Saskatchewan Drug Plan.

Diabetic supplies (syringes, needles, lancets, and swabs) are also covered under the Drug Plan subject to the usual patient co-payments. The full cost of diabetic supplies and blood glucose machines are covered for children less than 18 years of age under Family Health Benefits and all beneficiaries under Supplementary Health.

The Special Support program offered by the Drug Plan provides a benefit for families whose medication expenses exceed 3.4 per cent of their annual adjusted income. All Saskatchewan Health beneficiaries are eligible to apply for Special Support coverage.

Renal Care

One of the complications of diabetes is chronic kidney disease. Research has shown that diabetes is the leading cause of kidney failure. In Saskatchewan, 40 to 50 per cent of all people on dialysis (peritoneal dialysis or hemodialysis) are living with diabetes.

Dialysis centres in Regina Qu'Appelle and Saskatoon Regional Health Authorities serve about 77 per cent of Saskatchewan's hemodialysis patients and act as "home units" for seven satellite operations in Prince Albert, Lloydminster, Tisdale, Yorkton, Swift Current and North Battleford. The Regina Qu'Appelle and Saskatoon Regional Health Authorities have established chronic renal insufficiency clinics (CRIs) to help prevent or delay a patient's need for kidney replacement therapy. Forty-six per cent of the patients attending these clinics are living with diabetes. Diabetes Nurse Educators are part of the interdisciplinary team providing this program.

As of December 31, 2006, there were: 1,139 patients attending CRIs; 670 patients on dialysis (hemodialysis and peritoneal dialysis); and, 417 patients living with a kidney transplant. In 2006-07 about $29.3 million was spent by regional health authorities in providing services to chronic kidney disease patients (Note: excludes physician and provincial health drug plan expenditures for these patients).

Renovations for a hemodialysis satellite in Estevan are underway with an anticipated opening during the summer of 2007. The satellite in Yorkton is expanding its operating hours by the end of March 2007 in order to serve an additional 12 patients – a 50 per cent increase.

2006-07 Performance Results

Diabetes Education For Health Care Providers

To ensure that front line care providers who interact with persons with diabetes are knowledgeable about prevention and care, the following provincial educational initiatives have been developed or are under development:

- Two diabetes programs offered by Saskatchewan Institute of Applied Science and Technology distance delivery program to meet educational needs of a wide range of front line care providers. To date 32 health care providers have successfully completed the programs;
- "Risk Identification of the Foot in Diabetes" presentation and training materials which are used for the ongoing delivery of workshops in regional health authorities;
- Clinical practice guidelines for the prevention and management of diabetes foot complications are under development;
- Saskatchewan insulin dose adjustment supports the educational needs for the adjustment of insulin through transfer of medical function by a nurse for a person with diabetes on behalf of their family physician. To date three registered nurses have successfully passed the provincial exam, which allows them to pursue transfer of medical function for insulin dose adjustment; and
- Risk factor and complication assessment (under development) to train care providers how to screen and undertake a comprehensive risk assessment for diabetes and other preventable chronic conditions.

Surveillance

Through the National Diabetes Surveillance System, a mechanism is in place to profile the prevalence of diabetes. The department has developed a *Saskatchewan Diabetes Profile 1996-97 to 2000-01*, which describes diabetes trends in the province and in regional health authorities over a five-year period. This profile is currently being updated and is used to provide a mechanism to use data to support program planning and track progress in reducing the incidence of diabetes over the long term.

Continue implementation of the Cognitive Disabilities Strategy with further enhancements to the supports and services available to address the unmet needs of individuals and families affected by cognitive disabilities. These enhancements include additional capacity for assessment, diagnosis and expansion of the flexible funding pool of resources, as well as prevention and public education.

During 2006-07 the government made strong progress regarding initiatives for citizens with cognitive disabilities and the prevention of Fetal Alcohol Spectrum Disorder (FASD). The Cognitive Disabilities Strategy ($4.15 million annual budget) includes a range of initiatives that will improve assessment and diagnosis, provide individuals and families affected by cognitive disabilities, including FASD, with better access to supports, and strengthen the prevention and early intervention of FASD.

Since 2005-06, four cognitive disabilities consultants have been in place in Regina, Saskatoon, Prince Albert and La Ronge. During 2006-07, North Battleford, Yorkton, Buffalo Narrows, and Swift Current hired their consultants, and Regina and Saskatoon each hired a second consultant.

By April 2007, all cognitive disabilities consultant positions were filled throughout the province to ensure provincial access to this service. The consultants assist families in those regions with the development of appropriate behavioural support plans for individuals with cognitive disabilities, primarily between the ages of six and 24 years.

The government has also established a flexible-funding pool to provide supportive services to individuals, primarily between the ages of six and 24 years whose needs are not being met through existing

community services and supports. Flexible funding is available for services such as respite care, parent aides and independent living supports. In addition, interdisciplinary cognitive disability assessment and diagnosis teams have been established in Regina, Saskatoon and Prince Albert to provide cognitive disabilities assessment services to provincial residents. Furthermore, an extrajudicial sanctions pilot project for youth who are affected by a cognitive disability has been established in Saskatoon. Under this program, youth with cognitive disabilities will be identified, receive appropriate assessment/intervention services, be held accountable for their actions in a way that is meaningful to them, and participate in treatment plans.

During 2006-07, the provincial government funded several projects to enhance community capacity to provide supports for people with cognitive disabilities. These projects have included the enhancement of an integrated service delivery system, life skills training, planning for a new employment and training centre, and the development of mentorship services for individuals with cognitive disabilities.

During 2006-07, the government continued to support the development of a major training initiative focused on FASD prevention. Saskatchewan Health has contracted the Saskatchewan Institute on Prevention of Handicaps to implement the Saskatchewan Alcohol Risk Assessment Resources and Training Project to provide health care professionals with tools for alcohol risk assessment, techniques in motivational interviewing, and the training to use the tools in a sensitive and effective way. The purpose of the project is to provide tools and training to assist physicians and other health care professionals with preventing and addressing alcohol use in women during pregnancy and while breastfeeding. La Ronge is planning to host a training workshop in the future.

In addition, the government also supported several training initiatives focused on interventions with individuals who have FASD. Health contracted with the FASD Support Network of Saskatchewan and Ehrlo Community Services to offer FASD Intervention Training throughout the province. This training will enhance the capacity of the human service system to work with individuals who have a cognitive disability in an appropriate manner. Front line support persons will have an increased capacity to provide high quality support to youth and adults with FASD. Skills gained include the ability to recognize some of the behavioural signs and characteristics of adults with FASD. In addition, participants are encouraged to explore their own perceptions and attitudes about FASD, recognize the unique strengths and struggles of persons with FASD, and learn to provide high quality support.

Implement a Child and Youth Mental Health Strategy to address access and quality of service issues.

Saskatchewan Health worked with its many partners to develop a plan for children's mental health services in Sakatchewan, as recommended by the Children's Avocate. The plan, which began implementation in fall 2006, will enhance children's mental health services by providing more evidence-supported services, providing supports for families and service providers, as well as improving access to services.

Saskatchewan Health provided an additional $1 million for 2006-07 rising to $2.5 million in 2007-08 and $3.0 million (annualized) in 2008-09 in support of this plan.

To date the following initiatives under the plan have begun:

- A booklet on depression and suicide in youth and a brochure about the children's mental health services plan are being distributed;
- Some positions have been filled such as the psychologist position for distance specialist consultation for southern Saskatchewan, the social work/psychology positions (3) for family-based therapeutic residential services for youth with mental disorders in Moose Jaw, Prince Albert and Lloydminister, and

the social work position to provide children's mental health services in the Melfort, Nipawin, and Tisdale area;
- The child psychiatrist position for distance specialist consultation for southern Saskatchewan will soon be filled.
- Additional mental health outreach and respite services are being provided;
- Child and youth clients with autism spectrum disorders on the Autism Resource Centre (in Regina) wait list are being seen, thereby reducing the waitlist;
- The Parent Mentoring Program, a home-visiting family support program for families with very young children living in disadvantaged conditions, has been enhanced in its 16 sites across the province.
- The Early Skills Development Program, an intensive school and home based intervention program for Kindergarten and Grade 1 children with persistent aggressive/violent behaviour, has been enhanced in Saskatoon and the Battlefords;
- The Department of Psychiatry at the University of Saskatchewan completed a feasibility study on children's mental health services client outcomes, identifying five common client outcome indicators recommended for use across a representative sample of regional health authorities in a pilot project to be introduced in 2007-08; and
- Since the early 1990s the staffing for Child and Youth Mental Health Services in regional health authorities will have increased by 92 per cent from 108 to 208 FTEs.

In addition to planned key action results, Saskatchewan Health provided funding for a position in each regional health authority to support the reduction of substance abuse and the promotion of mental well-being, which are two priorities in the Population Health Promotion Strategy. These positions also support the prevention/promotion components in the Population Health Promotion Strategy. In addition, they support the prevention/promotion components of Project Hope.

Population Health Promotion training workshops were provided to regional health authorities as an opportunity to learn more about implementing population health promotion. The department continues to provide program resource material and technical expertise on population health promotion to regional health authorities to support the implementation of their local strategies.

Saskatchewan Health developed "View and Vote," a youth anti-tobacco campaign designed to reach young people in Grades 6 to 12. Students were given the opportunity to view and vote on television ads they thought would be most effective in keeping them from starting to smoke or, if they smoke, which ad made them think most about quitting. The ads are a tool to generate student discussions about the facts and myths about tobacco use. Approximately 16,000 students participated in the initiative and voted an ad entitled "What if Girl" as the winner. The ad was aired in early February.

In keeping with the spirit and intent of the legislation, the Minister of Healthy Living Services challenged all 2006 graduating Grade 12 classes in Saskatchewan to achieve the goal of graduating as a tobacco-free class. Eighteen Saskatchewan high schools participated in the 2006 challenge. Each high school received a letter of congratulations from the minister and a framed certificate for its successful participation. The 178 participating students also received a personally signed certificate from the Minister and a Saskatchewan Health gym bag.

Measurement Results

Number of clients attending out-patient programs for drug and alcohol treatment

Year	Frequency*
2003-04**	14,920
2004-05***	13,343

*The frequency does not represent discrete clients; clients may be admitted more than once in an out-patient program in one year.

2006-07 Performance Results

Data Source: Community Care Branch, Saskatchewan Health.
**Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005.
***Regional Health Authority Community Program Profile, October 2006. Latest data available.
Calculation: Number of clients attending outpatient programs for drug and alcohol treatment.
Analysis/Interpretation: This short-term measure describes the number of clients admitted to outpatient treatment. Outpatient treatments include: intervention; individual, family and group counselling; relapse prevention; referrals; motivational assessment; recovery planning and introduction to self-help groups. Clients receiving such services are able to live within their communities while receiving the needed supports. Saskatchewan Health affects this measure through funding and other support to treatment programs. Other factors that influence this measure are number of clients seeking service, referral patterns and the availability of outpatient services delivered by regional health authorities. This measure is currently under review with a view to identifying additional or alternate measure(s) for improvement in promotion, advocacy and information for healthier lifestyles.

Percentage of children and youth 19 years of age and under who receive services from Mental Health Services in regional health authorities

Year	Children and Youth Receiving Mental Health Services (%)
2004*	1.6
2005**	1.7

* Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005.
**Regional Health Authority Community Program Profile, October 2006.

Data Source: Community Care Branch, Saskatchewan Health. Data for 2006 are not yet available.
Calculation:
Numerator: New and reopened registrations of children and youth 19 years of age and under who receive services from mental health services in regional health authorities.
Denominator: Total number of children and youth 19 years and under as determined by annual covered population data from Saskatchewan Health.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: This measure is a general indicator of access, quality, and quantity of mental health services for children and youth. Saskatchewan Health affects this measure through funding to regional health authorities to enhance children's mental health services. Saskatchewan Health is taking a focused approach to enhancing services and supports for children and their families as part of its Children's Mental Health Plan. Some key activities of the plan include enhancing distance consultation by mental health specialists and competency training to improve interventions for children and youth with mental health problems. Growth in the percentage of children and youth receiving mental health services will likely reflect increasing efforts to identify and serve increased numbers.

2006-07 Performance Results

Saskatchewan prevalence and incidence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals

Year	Diabetes Rates Per 1,000 Population	
	Prevalence	Incidence
1997-98	32.7	5.6
1998-99	35.9	5.0
1999-00	38.5	4.4
2000-01	40.2	3.3
2001-02	45.1	5.1
2002-03	48.3	5.3
2003-04*	50.7	4.5
2004-05*	58.0**	3.9

*Information available for 2003-04 and 2004-05 are provisional. Data for 2005-06 are not yet available.
**The current methodology used to calculate the 2004-05 prevalence rate has been modified from that utilized in previous years; therefore, comparison of previous prevalence rates should be made with caution.

Data Source: Saskatchewan Health administrative databases (year-end hospital files, physician services and prescription drug files, linked to the person registry system [PRS]), Population Health Branch, Saskatchewan Health. For more information, please refer to the document: Performance Management Accountability Indicators: Date Tables, June 11, 2007. The estimates provided for 2003-04 and 2004-05 are based on information in the physician services and hospital separations databases.
Calculation:
(a) Prevalence
Numerator: Number of Saskatchewan residents identified with diabetes in the health databases.
Denominator: Total Saskatchewan population (based on the person registry system).
Calculation: (numerator/denominator) x 1000
(b) Incidence
Numerator: Number of new cases of diabetes identified in Saskatchewan residents.
Denominator: Total Saskatchewan population (based on the person registry system)
Calculation: (numerator/denominator) x 1000
Note: The numbers presented here may differ from the National Diabetes Surveillance System's (NDSS) national reports, as NDSS generates data based on the population aged 20 years and older. Rates above are for the total Saskatchewan population; all age groups are included in the numerator and denominator.
Analysis/Interpretation: Diabetes is a disease that affects many residents of Saskatchewan. Incidence describes the number of new cases, whereas prevalence expresses the number of existing cases in a population. Incidence is more sensitive to the effects of prevention activities; nevertheless, both prevalence and incidence are considered long-term measures. Diabetes requires intervention in several areas. Some determinants of health that significantly impact health include factors and conditions that are outside of the health system. Key factors include income and social status, social support networks, education, employment/working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture. The increase form 50.7 in 2003-04 to 58.0 is not solely due to an increase in prevalence, but rather a change in methodology.

Saskatchewan Health continues to work with regional health authorities and other stakeholders on

population health strategies, such as the importance of health lifestyle choices to reduce the effect of the disease. At the regional level, front line primary health care teams and diabetes teams are working together to improve the delivery of services and continuity of care. Proactively, team members follow disease specific guidelines by screening individuals earlier, providing self-management education, and monitoring disease progression to prevent or delay the onset of complications.

Percentage of daily youth smokers (12-19 years of age) in Saskatchewan

Year	Daily Smokers (%)	% Change
2001*	15.5	--
2003**	9.8	-36.8
2005***	8.1	-17.3
Change 2001 to 2005	-7.4	-47.4

Data Source: Statistics Canada, Canadian Community Health Survey (CCHS) Cycles 1.1 (2001), 2.1 (2003) and 3.1 (2005).
* CCHS 1.1, 2001 - CANSIM Table 105-0027 - Smoking, by age group and sex, household population aged 12 and over, Canada, provinces, territories, health regions (January 2000 boundaries) and peer groups, every 2 years (http://cansim2.statcan.ca/results/2007052412295829339.CSV).
**CCHS 2.1, 2003 - CANSIM Table 105-0227 - Smoking status, by age group and sex, household population aged 12 and over, Canada, provinces, territories, health regions (June 2003 boundaries) and peer groups, every 2 years (http://cansim2.statcan.ca/results/2007052412230028825.CSV).
***CCHS 3.1, 2005 - CANSIM Table 105-0427(an update of CANSIM table 105-0227) - Type of smoker, by age group and sex, household population aged 12 and over, Canada, provinces, territories, health regions (June 2005 boundaries) and peer groups, every 2 years (http://cansim2.statcan.ca/results/2007052411572026633.CSV). For more information on this and other population health surveys, please visit the Statistics Canada website at : http://www.statcan.ca/English/concepts/hs/index.htm.
Calculation:
Numerator: Weighted number of individuals age 12-19 years who reporting they currently smoked, daily.
Denominator: Total Saskatchewan population age 12-19 years.
Percent Daily Smokers: (numerator/denominator) x 100
Annual Percent Change: (percent of daily smokers Year 2 - per cent of daily smokers Year 1 / per cent daily smokers Year 1) x 100
Analysis/Interpretation: Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. The percentage of youth smokers is a long-term measure. Since 2001, the rate of daily youth smokers (12-19 years of age) in Saskatchewan has dropped by almost 50 per cent. On January 1, 2005, smoking in public places became illegal in Saskatchewan. This legislation will protect thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and do much to prevent disease and illness today and in future generations. Saskatchewan Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviours is often a lengthy process and is affected by factors outside the influence of the department.

2006-07 Performance Results

Vaccine coverage rates for two-year-old cohort

Year	2-Year Old Cohort Vaccine Coverage (%) *
2004-05	72.9
2005-06**	73.5

* Percentage of eligible population registered in SIMS and receiving recommended immunizations at second birthday.
** Latest available data.

Data Source:
Saskatchewan Immunization Management System (SIMS), Population Health Branch, Saskatchewan Health.
Calculation:
Numerator: Number of children completing recommended immunizations before or on the date of the child's second birthday, whose immunizations are entered into the SIMS computerized registry system.
Denominator: Number of children who have attained the age of two in the specified reporting period and are registered in SIMS. Per cent 2-year-old coverage: (numerator/denominator) x 100.
Analysis/Interpretation: Immunization coverage rates are sensitive and timely long-term indicators of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. The coverage rates for two year olds provide an indication of the performance of immunization programs to protect children from vaccine-preventable disease. The range of immunization rates above was composed using rates for diphtheria, haemophilus influenzae type b, measles, mumps, pertussis, polio, rubella and tetanus vaccinations. Since 2004-05, over 70 per cent of two-year-old children have received the recommended vaccinations.

The numbers reported here are preliminary, as data has been drawn from the relatively new SIMS database. As such, there are currently some limitations with respect to available data, and the rates should be interpreted in that context. The coverage rates apply to those children who are currently registered in the SIMS. Immunizations for children living on reserves are the responsibility of the federal government/First Nations public health Agencies and are currently recorded in SIMS. Data quality varies due to difference in the way information is collected across jurisdictions. The technical functionality of SIMS is being enhanced. Discussions are also underway to consider integrating immunizations delivered on reserve by First Nations agencies.

The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates is likely to require more than enhanced availability/accessibility of health services. In Saskatchewan immunizations are voluntary. Based on client demand, numbers of immunizations provided, and a low incidence of vaccine-preventable disease, the majority of parents support immunization and choose to have their children immunized. Regional health authorities are responsible for the delivery of public health programs, including immunization.

Percentage of reportable communicable disease cases entered into the provincial surveillance system, investigated and reported as completed to the provincial co-ordinator of communicable disease control within established timeframes

Under Review

Data Source: Population Health Branch, Saskatchewan Health. Data are not yet available. The department is currently reviewing issues/concerns regarding data quality.

2006-07 Performance Results

Calculation: Under review
Analysis/Interpretation: Under *The Public Health Act* and its disease control regulations, physicians and laboratories are required to notify medical health officers in regional health authorities of cases of genital chlamydia. The case is investigated to ensure that the person infected has obtained appropriate counselling and treatment, and that contacts of the infected person have been identified, informed of their exposure and counselled with respect to testing and treatment, either by the physician or Public Health. The Public Health Unit within the regional health authority, upon receiving such notification, enters case data into the electronic provincial public health surveillance system (iPHIS). The proportion of genital chlamydia cases that are investigated and reported as completed in iPHIS within established time frames is a measure of performance of the health system in following up on communicable disease cases. This will ensure effective surveillance, appropriate treatment and counselling to prevent further spread of the disease. The details of this measure are being finalized with regional medical health officers. Baseline data will be accumulated in 2007-08. Potential limitations include delay in receipt of a complete report from the primary service provider may not allow for entry into iPHIS within the established timeframe, and updating of case information on iPHIS beyond established timeframes may alter the date of completion thereby impacting the stated measure.

Percentage of schools implementing healthy food/nutrition policies

Year	Number of schools in division in the health region	Number of schools implementing written policies / guidelines	Percentage of schools implementing written policies / guidelines (%)
2006-07*	770	34	4.4

* Baseline data as of September 1, 2006

Data Source: Health Promotion Lead Committee, Population Health Branch, Saskatchewan Health. Based on data provided May 3, 2007, as cited in the Performance Management Accountability Indicators Data Tables, June 11, 2007.
Calculation:
Numerator: Number of schools implementing written policies/guidelines.
Denominator: Number of schools in division in the health region.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Many regional population health promotion plans identified work with elementary and high schools and/or school boards to implement healthy food/nutrition policies. This new measure is an indicator of the collaboration between health regions and their education partners with Saskatchewan Health supplying its expertise and facilitation of the process, and education turning policy into action. Some limitations of the measure are that it does not include schools on reserves and that the health system does not have control over schools either passing or implementing such policies.

Objective 2: Improve the health of northern and Aboriginal communities

Saskatchewan Health is working with Aboriginal peoples, the federal government, and health system partners on a range of initiatives aimed at improving health outcomes of Aboriginal peoples.

2006-07 Performance Results

Key Actions: Results

Continue development of an Aboriginal health framework that includes an ongoing collaborative consultation process with Aboriginal organizations and communities and begins to implement the agreed-upon Aboriginal health pillars contained in the Aboriginal blueprint.

Saskatchewan Health and regional health authorities are working with First Nations and Métis communities on a broad range of initiatives. These include the *Kids First* program, chronic disease management, primary care services in areas with significant Aboriginal populations, the Premier's Project Hope initiative on addictions, and the Northern Health Strategy.

Through the *Saskatchewan Workforce Action Plan*, the province is working with its Aboriginal and health system partners to increase the representation of First Nations and Métis peoples in the health care system. Saskatchewan Health is working with Aboriginal and health sector organizations along with the federal government to adapt the health system to better meet First Nations and Métis health needs through the Aboriginal Health Transition Fund.

Saskatchewan participated in the 2005 Kelowna Accord and remains committed to the health goals identified in the agreement:

- Improving delivery and access to health services;
- Ensuring that Aboriginal peopless benefit fully from improvements to Canadian health systems; and
- Putting in place health promotion and disease prevention measures as well as programs that will address other determinants of health.

Progress related to the Kelowna Accord has been halted by the federal government's refusal to endorse and meet funding commitments related to the agreement. Saskatchewan Health released a provincial blueprint approach document in conjunction with Health Canada and is guided by the approach document in advancing First Nations and Métis health issues.

Work closely with the Muskeg Lake Cree Nation to develop an Aboriginal wellness centre that will provide a range of primary care, health promotion, traditional healing and co-ordination services, all within a holistic context.

Saskatchewan Health has been working closely with the Muskeg Lake Cree Nation in partnership with First Nations and Inuit Health Branch (FNIHB) of Health Canada and the Saskatoon Regional Health Authority to realize the development of a Regional Health and Wellness Centre and First Nations Diabetes Centre of Excellence.

Saskatchewan Health has committed to supporting the development and ongoing operations of the Diabetes Centre of Excellence. Additionally, the department has provided one-time funding to support the regional health authority in providing project management services to implement the project.

Saskatchewan Health's funding will be provided to the Saskatoon regional health authority and will primarily provide for funding for staff and operations of the Diabetes Centre of Excellence. The Health and Wellness Centre will be managed primarily through lease arrangements. The Muskeg Lake Cree Nation will manage the actual construction costs.

The partnership is currently working on finalizing budget requirements including confirming the funding commitment from FNIHB.

2006-07 Performance Results

Measurement Results

Potential Years of Life Lost (PYLL) due to premature death per 100,000 population for Saskatchewan Registered First Nations Peoples

PYLL	2001	2002***	2003***
Saskatchewan Registered Indian Population*	8680.7	8717.8	6397.9
Saskatchewan Population **	5811.9	5600.3	5936.8

*Vital Statistics of the Saskatchewan Registered Indian Population (2001-2003).
**Statistics Canada, CANSIM Table 102-0311 Potential years of life lost, three-year average.
***For 2002 and 2003, PYLL for Saskatchewan population is estimated using data from Saskatchewan Health's covered population and vital statistics for deaths.

Data Sources: First Nations and Inuit Health Branch, Health Canada; and Registered Indian Population by Sex and Residence, First Nations and Northern Statistics Section, Department of Indian Affairs and Northern Development. Registered First Nations Peoples are those who are registered under Section 6 of the *Indian Act* and who have been assigned digit numbers in the Indian Registry.
Calculation:
(a) Registered Indians
Numerator: PYLL for Saskatchewan Registered Indians living on and off reserve in a given year.
Denominator: Population estimate for Saskatchewan Registered Indians age 0-74 years of age living on and off reserve in a given year.
Calculation: (numerator/denominator) x 100,000.
(b) Saskatchewan Population
Numerator: PYLL for Saskatchewan residents in a given year.
Denominator: Population estimate for Saskatchewan residents 0-74 years of age in a given year.
Calculation: (numerator/denominator) x 100,000. The calculations utilized for this measure are based on existing published data from Statistics Canada and Health Canada (see data sources cited above). The current methodology has been modified from that utilized in previous years; therefore, comparison of current results to previous reports should be made with caution.
Analysis/Interpretation: PYLL is the number of years of life lost when a person dies prematurely from any cause – defined as dying before age 75 (PYLL definition utilized as of 2001). A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population. While PYLL rates for the general Saskatchewan population appear to be fairly stable, those for Registered First Nations peoples may be declining. Decreasing rates of overall PYLL are regarded as a proxy measure of access and uptake of culturally sensitive prevention services in the province. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

2006-07 Performance Results

Goal 3: Retain, recruit, and train health providers

Objective 1: Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs

Saskatchewan Health recognizes our health professionals as the foundation of our health care system. Qualified health professionals are in great demand across our country and around the world. Through our health human resources strategy we continue to address the challenges of attracting and keeping skilled health providers. In 2006-07, initiatives were announced that will move Saskatchewan Health forward in further addressing many challenges.

Working Together: Saskatchewan's Health Workforce Action Plan, which was released in December 2005, outlining a plan that includes improving Saskatchewan's self-sufficiency in educating our own health professionals within available resources. At the same time, it proposes employment opportunities for newly educated professionals, building a representative workforce, drawing upon the experience of veteran employees to support new graduates, better aligning education with health service needs, and establishing a steering committee to help implement the plan and guide continuing planning efforts.

Saskatchewan Health is investing $25 million to retain and recruit health care professionals over the next three years, $15 million will be used to retain and recruit nurses, and $10 million to keep and attract professionals from the broader health workforce. This announcement is part of Saskatchewan Health's commitment made in *Saskatchewan's Health Workforce Action Plan* to engage health professionals in recommending new and creative ways of keeping and attracting health care workers.

Key Actions: Results

The collaborative approach used to develop *Saskatchewan Health's Workforce Action Plan* will be continued through the establishment of a workforce action steering committee made up of representatives from the health and learning sectors to continue the collaborative approach. This committee will guide future actions and help measure progress.

Two committees have been established to provide direction and advice related to the actions outlined in the *Workforce Action Plan* and to this funding:

- The Provincial Nursing Committee.
- The Provincial Health Workforce Steering Committee.

The committees targeted the recruitment of 600 health care employees to fill vacancies through these programs: approximately 400 nurses and 200 other employees.

Full implementation of the multi-year plan will:

- **Improve Saskatchewan's self-sufficiency in training our own health professionals, within available resources;**
- **Build additional clinical placement capacity within the province;**
- **Improve our ability to recruit needed professionals by setting up a provincial recruitment agency;**
- **Continue to work in building a more representative workforce;**
- **Focus on continuing education and professional development, including succession planning; and**
- **Better align the planning needed to match service and health needs with supply between health employers and educational institutes.**

2006-07 Performance Results

Provincial Recruitment Agency Launched

Developed a provincial recruitment agency and website – HealthCareersinSask.ca. The recruitment agency has been in direct contact with over 3,500 students. In addition, more than 880 health care workers applied for opportunities posted on the website.

Saskatchewan Health is making progress on the internationally-educated health professional projects as outlined in Health Canada's contribution agreement.

Recruitment Grant Programs

In October 2006 two recruitment grant programs were made available:

- The first program is the Saskatchewan Relocation Grant Program. Individuals who have resided outside of Saskatchewan for a minimum of one year are eligible to apply for relocation grant funding of $5,000. Individuals may accept full-time, part-time or term employment and must provide written confirmation from the prospective employer in order to meet the eligibility criteria for the program. In exchange for the relocation grant, the individual must agree to provide a minimum of 12 months of full-time equivalent hours return for service to work within the Province of Saskatchewan.

- The second program, the Saskatchewan Health Northern/Rural/Hard to Recruit Grant is designed to encourage health professionals and providers to accept employment in northern, rural and hard-to-recruit positions within the province. Successful applicants must provide a return of service commitment.

At the end of March 2007, 121 individuals had been approved to receive grants. Of these, 76 (63 per cent) are for nurses. In addition, 46 (38 per cent) of individuals who have received one or more of our grants are relocating to Saskatchewan from Alberta.

Nursing the Future

Provided funding to Nursing the Future, an organization which supports new graduate nurses as they transition into practice. The group supports and connects new nursing graduates to their more experienced peers.

Clinical Placement Strategy

Supported the Saskatchewan Academic Health Sciences Network in implementing the Health Sciences Placements Network (HSPNet) to allow for a better co-ordinated system of clinical placements in the province. Saskatchewan Health provided $500,000 to enhance clinical training opportunities for select health professions, which included providing more than $200,000 to the College of Pharmacy and Nutrition for enhanced clinical placement capacity.

Recruitment and retention of physicians.

The province and the Saskatchewan Medical Association negotiated a new physician agreement. This agreement will strengthen physician retention and recruitment efforts through a combination of fee increases and innovative programs aimed at attracting and keeping doctors in Saskatchewan. Within this agreement, Saskatchewan Health is providing over $25 million, to fund an array of programs and initiatives specifically targeted at recruiting and retaining physicians. These investments are having positive results. As of September 2006 there are 1,772 physicians licensed in Saskatchewan, compared with 1,622 in March 2002, an increase of 9 per cent.

2006-07 Performance Results

Bursary program for health professionals.

Saskatchewan Health offers a bursary program to selected Saskatchewan students studying health professions that are in short supply. In return, students agree to work in Saskatchewan's publicly funded health system after graduation. The province provided $5 million for more than 500 new and continuing return for service bursaries for allied health professions, nursing professions, emergency medical technicians and physicians. Ten bursaries were awarded to RNs who wanted to obtain their NP designation.

Measurement Results

Percentage of bursary recipient graduates performing approved return of service in Saskatchewan upon program completion

Year	Bursary Graduates Return Service in Sask. (%)
2004-05	91
2005-06	93
2006-07	94

Data Source: Workforce Planning Branch, Saskatchewan Health.
Calculation: Percentage of bursary recipient graduates performing approved return of service in Saskatchewan after program completion.
Numerator: The number of bursary recipient graduates for a specific time period performing approved return of service in Saskatchewan after program completion.
Denominator: The total number of all bursary recipient graduates for a specific time period.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Selected students in a number of health professions receive government bursaries to help cover their educational expenses. In return, bursary holders are required to provide one or more years of service upon graduation in a publicly funded health care setting. The success of the bursary program is assessed, in part, by the extent to which graduates complete their return of service obligations. It is anticipated that once the graduates have worked in Saskatchewan for a time, they will be more likely to stay in the province on a long-term basis. Saskatchewan Health influences this short-term measure by providing regional health authorities and bursary graduates with information to connect with one another. Some external factors influencing this measure are recruitment practices (e.g., buy-out of bursaries and signing bonuses) by other jurisdictions and graduate preferences regarding their location of employment and employment opportunities upon graduation.

Number of clinical placements available for health sector students in Saskatchewan

Under Development

Data Source: Workforce Planning Branch, Saskatchewan Health. Saskatchewan is working with the regional health authorities to determine, by the end of 2006-07, the best way to collect consistent information on clinical placement opportunities and the number of students accessing clinical placements within each of the regions.
Calculation: Under development
Analysis/Interpretation: It is important to provide clinical placements within the province so that students will be likely to remain in the province when they graduate. This short-term measure is currently under development for the purposes of health human resource planning. Saskatchewan Health can affect this measure by facilitating better co-ordination of placements within the province. The capacity of employers to accept students may limit improvements in this area.

2006-07 Performance Results

Objective 2: Develop representative workplaces that facilitate full participation in all health occupations

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. We continue to support initiatives to encourage a health workforce that is representative of the people it serves.

The Workforce Planning Branch has been working with Aboriginal peoples, the federal government and health system partners on a wide range of initiatives with the view to improving health outcomes for Aboriginal peoples. One of the goals of the Workforce Planning Branch is to continue to create opportunities for Aboriginal peoples in the health sector workplace.

Key Actions: Results

Continue to create opportunities for Aboriginal peoples in the health sector workplace.

Saskatchewan has the highest Aboriginal enrolment rate, 17 per cent, in its nursing programs in Canada.

In the spring of 2006, Saskatchewan hosted an Aboriginal health human resource forum with approximately 150 participants from across unions, federal and provincial government departments, territories and industry. One of the goals of the forum was to share promising practices that support a representative workforce and to showcase what Saskatchewan has accomplished with respect to building a representative workforce. The forum was the first of its kind in Canada and was well received by all those who attended. The forum was well attended by the Aboriginal community and plans are underway for a future event.

Saskatchewan Health has provided funding to the First Nations University of Canada to support eligible students who will be attending the northern health science program in Prince Albert, Saskatchewan. Under the recruitment and retention grant program and the health bursary program First Nations communities, Tribal Councils, and the Federation of Saskatchewan Indian Nations were deemed to be eligible employers for programs. This policy initiative helped First Nations to recruit and retain much-needed health care professionals on reserve. In exchange for the grant(s), individuals must agree to provide a return in service to work within the Province of Saskatchewan.

The department is a member of the Provincial Aboriginal Representative Workforce Council (PARWC) and a participant on the health sector partnership steering committee. This steering committee is comprised of health employers, professional associations, training institutions, unions, provincial government departments and the Aboriginal government. The mandate of the steering committee is to work together to identify, develop and implement strategies that address the health training and employment needs with a focus on Aboriginal employment.

Conduct Aboriginal awareness training in workplaces.

Saskatchewan Health provides annual funding to the regional health authorities to help them provide employees with representative workforce awareness training. Support is given to conduct Aboriginal Awareness training in workplaces. In 2006-07, 5,764 Saskatchewan Health sector employees participated in the representative workforce-training program. As of March 31, 2007, approximately 23,000 employees have received the representative workforce awareness training.

Work collaboratively with Aboriginal communities and other stakeholders to build opportunities for professional development and training targeted to Aboriginal health care providers.

Saskatchewan Health in partnership with SIAST, the FSIN and the federal government funded a practical nursing education program at Kawakatoose First Nation. All students received

return-in-service bursaries.

The development of a virtual Aboriginal training centre of excellence will address the current and future health human resource needs of Aboriginal peoples. It is envisaged that the centre will become a virtual web of interconnected programs, human and organizational resources with community and government support systems. Health Canada and Saskatchewan Health have provided resources to the Aboriginal education research council, University of Saskatchewan to assist in developing a discussion paper and consultation strategy that will guide discussions with the Aboriginal community. During this process the Aboriginal principles such as Ownership, Control, Access and Possession (OCAP) have guided the development of the consultation strategy/discussion paper. It is the view that for success of the project that the virtual centre of excellence concept is developed and guided by the Aboriginal community.

In partnership with the Aboriginal community, a traditional cultural gathering was held in August 2006 in the Qu'Appelle Valley. The gathering provided an opportunity for participants to become involved in the traditional ceremonies, sit with the elders and gain a better perspective on the traditional teachings. One of the goals of the gathering was to seek direction and support from the elders regarding the consultations with community on a virtual centre of excellence. The gathering was well attended with a request for future camps over the ensuing seasons. In planning the event, consultations were undertaken using the traditional teachings in approaching the elders and ceremonial events.

The department of advanced education and employment, in consultation with Saskatchewan Health and the Kawacatoose First Nation, has developed a licensed practical nursing program for the Kawakatoose First Nation. All of the eligible students who have entered the program received a Saskatchewan Health bursary to offset their training costs.

Measurement Results

Percentage of regional health authority employees who self-identify as Aboriginal

Health Employer	2003-04 (%)	2005-06 (%)
Sun Country	N/A*	0.8
Five Hills	N/A	N/A
Cypress	0.0	N/A
Regina Qu'Appelle	3.0	3.1
Sunrise	1.1	0.7
Saskatoon	2.7	2.7
Heartland	0.1	N/A
Kelsey Trail	1.8	1.8
Prince Albert Parkland	14.5	19.1
Prairie North	N/A	N/A
Mamawetan Churchill River	30.0	35.9
Keewatin Yatthé**	70-90	74.6
Saskatchewan Cancer Agency	N/A	N/A

* N/A = not available

** Percentages for Keewatin Yatthé have been estimated.

2006-07 Performance Results

Data Source: Workforce Planning Branch, Saskatchewan Health. Based on data provided as of May 30, 2007, as cited in the Performance Management Accountability Indicators: Data Tables, June 11, 2007.
Calculation: Percentage of self-reported Aboriginal employees as submitted by each regional health authority.
Numerator: Total number of self-declared Aboriginal employees by regional health authority.
Denominator: Total number of employees by regional health authority.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal population in Canada. With increasing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs. Data for this calculation is collected through voluntary self-report and is considered a conservative estimate. Response rates to equity surveys are often low in places where data of this type is not collected routinely. Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these kinds of long-term indicators. Saskatchewan Health is a member of the Provincial Aboriginal Representative Workforce Council and a participant on the Health Sector Partnership Steering Committee. The steering committee is comprised of health employers, professional associations, training institutions, unions, Aboriginal government and provincial government departments. The purpose of the Steering Committee is to work together to identify, develop and implement strategies that address the health training and employment needs with a focus on Aboriginal employment.

Number of employees trained as of March 31, 2007

	Training Providers	
Year	SAHO	Other*
2003-04	4,361	n/a
2004-05	4,767	n/a
2005-06	5,800	2,458
2006-07	5,764	

* Training provided by organizations other than SAHO.

Data Source: Saskatchewan Association of Health Organizations (SAHO).
Calculation: Number of employees trained as of March 31, 2007.
Analysis/Interpretation: Saskatchewan Association of Health Organizations collaborated with Canadian Union of Public Employees (CUPE) to develop a three-hour Aboriginal awareness training module and participant workbook. The training is based on a popular education methodology that engages participants in active discussion and activities that serve the following objectives:

- To create awareness and understanding of the representative workforce strategy;
- To instil a sense of ownership of the partnership agreement and collective agreement language;
- To promote action toward a representative workforce from each participant;
- To prepare the workplace by promoting better understanding of Aboriginal issues and cultural differences;
- To promote a desire for further self-education on Aboriginal issues; and
- To encourage participants to ask questions and challenge the status quo.

The three-hour training module provides information on the following key areas:

- Representative workforce

- Statistics and demographics – power point presentation
- History of the treaties – jeopardy game and treaty building activity
- Cultural awareness provided by elders
- Myths and misconceptions about Aboriginal peoples
- Employee relations
- Language in the partnership agreements and in collective agreements
- Circle evaluation

The training was co-facilitated by SAHO and CUPE's Aboriginal education co-ordinators who were hired specifically to deliver this training. Saskatchewan Health recognizes other Aboriginal awareness training modules in the province, which also address the key areas and objectives outlined above, and found in the SAHO training package. Saskatchewan Health provides dedicated funding to regional health authorities and the Saskatchewan Cancer Agency for representative workforce training. In 2006-07 this funding totalled $300,000.

Objective 3: Ensure the health system has safe, supportive and quality workplaces that help to retain and recruit health care professionals

The quality of work the environment plays a pivotal role in attracting and retaining health care providers. Work place improvement strategies are being put in place and encompass a wide range of activities, all designed to create and support safe, respectful, satisfying and efficient workplaces.

Key Actions: Results

Continue to support and promote quality workplace initiatives.

In 2006-07, the Workforce Planning Branch provided $500,000 to regional health authorities and the Saskatchewan Cancer Agency to undertake continuing education and professional development.

The department provided funding to health partners to establish pilot projects focusing on effective staff mixes and professional development. These include:

- A SUN/Regina Qu'Appelle Regional Health Authorities 80/20 project where senior nurses can use up to 20 per cent of their work time to engage in professional development focused on patient-centred care.
- A Cypress Regional Health Authority project that focuses on implementing an innovative patient-centred care framework based on the Ottawa Hospital Model.

The Canadian Policy Research Network hosted a Health Human Resource Planning conference on February 27-28, 2007. The conference themes included clarifying the roles and responsibilities for health human resource planning, the issue of retention of health professionals within the provincial system, and the pan-Canadian dimensions of health human resource planning. Over 100 delegates participated in the event.

Health Workforce Retention Program

On January 31, 2007, the Minister of Health announced the establishment of the Health Workforce Retention Program. The purpose of the program is to support the implementation of creative, best-practice initiatives that will enhance the retention of health providers in the Saskatchewan Health

system. Up to $75,000 is available per project with additional funding available to those projects demonstrating strong support and partnerships. The department is currently seeking advice from provincial committees on further initiatives, including those related to nursing mentorship.

Enhance occupational health and safety strategies within regional health authorities and the Saskatchewan Cancer Agency.

Saskatchewan Health has led the development of a provincial occupational health and safety framework in conjunction with regional health authorities and the Saskatchewan Cancer Agency.

Measurement Results

- ***Sick leave hours per full-time equivalent (FTE)***
- ***Annual number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs (frequency)***
- ***Annual number of lost-time Workers' Compensation Board days per 100 FTEs (severity)***

Reason for Healthcare Employee Absence	Year		
	2004-05	2005-06	2006-07
Sick leave hours per FTE (annual average)*	88.57	85.18	84.12
Number lost-time WCB claims per 100 FTE (annual average)**	8.94	8.07	7.67
Number of lost-time WCB days per 100 FTEs (annual average)***	419.10	447.10	468.45

Data Source: Workforce Planning Branch, Saskatchewan Health. Based on data provided May 2, 2007, as cited in the Performance Management Accountability Indicators: Data Tables, June 11, 2007.
Calculation:
* Sick leave hours per FTE:
Numerator: The number of worked hours that employees are absent from the workplace due to illness or injury recorded as sick time in the SAHO payroll for a specific time period.
Denominator: The total number of full-time, part-time and casual FTEs for a specific time period.
Calculation: The total number of worked hours absent due to illness or injury divided by the total number of FTEs, for a specific time period.
**Annual number of lost-time WCB claims per 100 FTEs (frequency):
Numerator: The total number of accepted lost-time claims for a specific time period.
Denominator: The total number of paid FTEs for a specific time period.
Calculation: The number of lost-time WCB claims divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specific time period.
***Annual number of lost-time WCB days per 100 FTEs (severity):
Numerator: The total number of lost-time days for a specific time period.
Denominator: The total number of paid FTEs for a specific time period.
Calculation: The number of lost-time WCB days divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specific time period.
Analysis/Interpretation: Absence as a result of illness or injury constitutes a significant proportion of total absence from the workplace. Sick leave is a well-established indicator of the quality of the workplace, staff moral and job satisfaction. Literature has consistently shown that as morale improves,

rates of absenteeism decline. In addition, workplace injuries take a toll on workers and their families and also place a large burden on the health care and compensation systems. Regional health authorities, employee groups and others can influence these measures in many ways such as through injury prevention policies, protocols and training. Saskatchewan Health provides dedicated funding to regional health authorities and the Saskatchewan Cancer Agency for occupational health and safety and quality workplace initiatives. In 2006-07 this funding totalled $500,000.

Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good

Progress to date: 2005 44.3%
Data Source: Workforce Planning Branch, Saskatchewan Health
Calculation: Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good.
Numerator: The total number of positive responses for all questions within the learning environment composite across all respondents.
Denominator: The total number of responses (positive or negative) for all questions across all respondents in the learning environment composite.
Calculation: The total number of positive responses for all questions within the learning environment composite across all respondents divided by the total number of responses (positive or negative) for all questions across all respondents in the learning environment composite, expressed as a percentage.
Analysis/Interpretation: In May 2005, an employee opinion survey was circulated to give 37,000 Saskatchewan health care workers an opportunity to share their views about their workplaces. Some of the survey questions addressed issues related to the workplace learning environment including fair and regular feedback, formal learning opportunities and development and occasions for informal learning from other units, departments or teams. The workplace's learning environment is an important factor in creating environments that retain employees and assist staff in providing quality care. It is anticipated that there will be a follow-up survey in the near future. The department provides funding for this measure and support for regional health authority staff's professional development. Regional health authorities and individual facilities/programs influence this measure through their own learning policies and practices.

Turnover rate

Year	Physician Turnover (%)
2004-05	11.0
2005-06	10.7
2006-07	12.5

Data Source: Medical Services Branch, Saskatchewan Health
Calculation:
Numerator: Physicians practising in the previous fiscal year period (e.g., 2003-04 = 1215) subtract the physicians still practising in the following fiscal year period (e.g., 2004-05 = 1081).
Denominator: Number of physicians practising in the previous fiscal year period (e.g., 2003-04 = 1215).
Calculation: (numerator / denominator) x 100
Analysis/Interpretation: Turnover rates help monitor the quality of the workplace, staff morale and job satisfaction. Saskatchewan Health continues to work with the Saskatchewan Association of Health Organizations (SAHO) to begin tracking turnover rates. SAHO is currently making a transition from a manual to an electronic payroll system that will allow these rates to be captured. The department will be looking at two types of turnover within regional health authorities: 1) turnover from individuals moving within the system, and 2) turnover due to individuals leaving the system completely. A separate system

already exists to capture turnover rates for physicians. The turnover rate of physicians has remained fairly constant over the past three fiscal years ranging from 10.7 per cent to 12.5 per cent. The rate for physicians represents the per cent change in physicians practising (and reaching a minimum earning threshold in the Medical Services Branch [MSB] insured claims submissions) in one year and still practising (and reaching a minimum earning threshold in MSB insured claims submissions) in the following year. Physician turnover is due to a number of factors, including relocation outside of the province, death, retirement, increase in locum licensure, and doctors choosing to work under contract who do not meet the billing threshold. Regional health authorities, employee groups and others can influence the outcome for this measure.

Goal 4: A sustainable, efficient, accountable, quality health system

Objective 1: Ensure quality, effective health care

Saskatchewan Health continues to promote quality and innovation in the provision of health care. We have introduced a range of initiatives to ensure evidence-based decisions lead to the continual improvement in the delivery of quality health services. We work with groups like the Health Quality Council to advance collaborative approaches to assess quality issues and introduce improvements. We also continued to progress with health information systems to provide access to pertinent health information for health care providers.

Key Actions: Results

Work is continuing with other provinces, territories, the federal government, and regional health authorities to improve our ability to respond to a human influenza pandemic if and when it occurs.

Local, provincial and national public health officials are working together to ensure a co-ordinated, effective response in the event of a pandemic influenza outbreak. Saskatchewan Health officials also collaborate closely with other health groups, emergency planners and partners from other sectors of government at the national, provincial and regional levels to ensure preparedness and response plans that include health, safety and security perspectives.

A provincial antiviral working group has been formed to develop a strategy for the delivery of antivirals in the event of a pandemic. Saskatchewan Health and regional health authorities are also planning for the administration of influenza vaccine and distribution of antiviral drugs.

In addition, Saskatchewan Health provided support to the Federation of Saskatchewan Indian Nations to organize a First Nations Pandemic Influenza Conference. A report card format on emergency planning was developed to track progress on pandemic departmental plans, and given to the province's committee of deputy minister's. The antiviral implementation strategy has begun, and the antiviral stockpile has been expanded.

The provincial pandemic plan is periodically updated with the latest national guidelines and as new scientific information becomes available. The plan clarifies the roles and responsibilities of government, regional health authorities and other agencies around issues of surveillance, vaccines, antivirals, health services, emergency preparedness and communications.

2006-07 Performance Results

Continue to implement patient care information systems in priority program areas to help address workload issues, increase efficiency and enhance patient safety by providing higher quality and more timely information for patient care, including:

- **Implementation of systems to improve the delivery of surgical and diagnostic services and the management of wait time;**
- **Systems to improve delivery of front-line care, patients care professionals in primary care, public health, home care and acute care settings; and**
- **Continued implementation of the Pharmaceutical Information Program (PIP) and Integrated Clinical Systems (ICS).**

Surgical Information Systems (SIS)

In September 2006, Saskatchewan Health announced an initiative to introduce a new computer-based operating room information and scheduling system to replace paper-based systems and outdated computer systems in six regional health authorities. The six regional health authorities will work with Saskatchewan Health over the next two years to change their current processes and systems to a common information system. The participating regional health authorities include: Five Hills, Sunrise, Prairie North, Cypress, Prince Albert Parkland and Saskatoon. Regina Qu'Appelle Regional Health Authority is participating in the project, but is not currently part of the implementation plan.

The new operating room scheduling system is part of an ongoing effort to create an electronic health record system for Saskatchewan. SIS will offer surgeons and operating room teams better use of surgical resources through more efficient scheduling of operating room staff and surgical suites. It will allow health regions to coordinate surgical theaters, teams and supplies seamlessly. In the future, SIS will be integrated with the Saskatchewan Surgical Registry, which tracks surgeries and waiting lists in the province.

The Integrated Clinical Systems (ICS)

The Integrated Clinical Systems (ICS) program is a computer system that enables front-line delivery of patient health care. ICS consists of home care, central patient index/registration, laboratory, transcription and hospital pharmacy systems. Saskatchewan Health hosts the systems and regional staff access information over the health information network.

ICS enables authorized health care providers to quickly and securely access a clinical view application, which provides a summary of relevant information about their patients. This integrated system ensures accurate and current patient information is available to authorized care providers when and where it is needed.

In 2006-07, the Prince Albert Parkland Regional Health Authority successfully migrated to the provincial solution for a central patient index (CPI) system and Keewatin Yatthé (La Loche) began planning for the implementation of the CPI system. With the implementation in La Loche, (scheduled for 2007-08) all regional health authorities will have an automated CPI system. Hospital pharmacy systems were implemented in Heartland (Kindersley) and expanded in Kelsey Trail (Nipawin) and Prairie North (Meadow Lake) Regional Health Authorities. The regional clinical lab solution was successfully implemented in Prairie North (Lloydminster), Sun Country (Weyburn) and Mamawetan Churchill River (La Ronge) Regional Health Authorities.

With investment in laboratory information systems through the Integrated Clinical Systems project (ICS), lab results (including all complex tests) are now captured electronically for over 90 per cent of laboratory tests in the province. Results from these systems, however, must still be distributed in traditional ways

(e.g. by fax and by mail) resulting in delays for local physicians being able to diagnose and treat patients. In conjunction with the Electronic Health Record (EHR) project, a provincial laboratory results database will bring together all of a patient's recent lab tests into a secure and electronically available profile. This will speed up the delivery of lab results to physicians, and also address the situation where the patient may have recently received lab results but the physician may unknowingly order duplicate lab tests that could be used to for immediate diagnosis.

Pharmaceutical Information Program (PIP)

Full rollout of the Pharmaceutical Information Program (PIP) Medication Profile Viewer began in March 2006. PIP is a secure, web-based computer application that provides authorized health care professionals (such as pharmacists, physicians, and nurses) with access to medication histories of Saskatchewan patients, and other tools to help make drug therapy decisions. PIP will enhance patient safety and help to prevent dangerous or inappropriate use of drugs, by helping providers select the best medication, avoid drug interactions, and avoid duplications of therapy.

Since March 2006, the PIP Medication Profile Viewer (MPV) has been rolling out to facilities across the province. As of February 6, 2007, there were 1075 registered users. Facilities include: 247 community pharmacies; 39 physician clinics (totalling 126 physicians); 29 hospital pharmacies; and ten emergency rooms. Work on the next phase of PIP (e-prescribing) is currently underway, with a pilot begining in spring 2007. This phase will enhance the PIP including the ability to record electronic prescriptions in the PIP system, to perform drug interaction checks, and to record patient allergies. The last phase, integration with provider computer systems, is anticipated for 2008.

Electronic Health Record (EHR)

Saskatchewan Health is creating an EHR that will be available electronically to authorized health care providers anywhere and anytime, in support of high-quality care. It is intended to provide individuals in Saskatchewan and ultimately across Canada with a secure and private lifetime record of their key health history and care within the health system. Because Saskatchewan Health is creating an EHR that is compatible with systems that are being created and implemented across Canada, funding for projects has been granted from Canada Health Infoway.

This year saw the completion of planning for the implementation of the EHR. The project team, with advice from key stakeholders, began a rigorous procurement process to select the appropriate suite of products. The procurement process began in the late fall of 2006 is expected to complete during the summer of 2007.

Continue implementation of capital construction projects for health care facilities.

The following are updates on several capital projects.

Completed construction of two health care facilities.

- Herbert Integrated Health Facility - Completed in the fall of 2006, the facility houses six inpatient care service beds, two swing beds, 40 long-term care beds, outpatient, lab/x-ray, emergency treatment and community services; and
- Cypress Regional Hospital - The new 89-bed regional hospital in Swift Current was completed in April 2007.

2006-07 Performance Results

Began construction on four integrated health care facilities:

- Outlook Integrated Health Facility - Construction started in April 2006 and is expected to be completed in late fall of 2007. The integrated facility will provide 11 acute care beds, 45 long-term care beds, and community services;
- Maidstone Integrated Health Facility - Construction started in April 2006 and is expected to be completed in late fall of 2007. Construction and renovation to the existing acute care facility will provide eight patient care service beds, 24 long-term care beds, six day care spaces, ambulatory services, lab/diagnostics, and community services;
- Moosomin Integrated Health Facility – Construction started in the summer of 2006 and is expected to be completed in May 2008. The integrated facility will provide 27 acute beds and 58 long-term care beds; and
- The long-term care addition to Hudson Bay Health Facility began construction in November 2006 and is scheduled for completion in June 2007.

Continued construction on the joint use facility in Ile a la Crosse.

Construction continued on the Ile a la Crosse joint use facility. This unique project is a partnership between the Keewatin Yatthé Regional Health Authority and the Ile a la Crosse School Division. The health part of the project will provide 11 inpatient rooms, 17 long-term care rooms, community and public services, as well as a share of community spaces attached to a high school and day care. Construction will be completed by the start of the fall school term in September 2007.

Improve Neonatal Intensive Care Service Area in Saskatoon.

The NICU at the Royal University Hospital was upgraded for better workflow.

Expand acute care bed capacity in the regional hospital in the Prince Albert Parkland Regional Health Authority.

Saskatchewan Health funded a 14 bed expansion of acute care bed capacity at Victoria Hospital in the Prince Albert Parkland Regional Health Authority. The expansion was completed in February 2007, and as of March 31, 2007, a total of 121 beds were staffed and in operation. However, the regional health authority plans to staff and operate 127 acute care beds during the 2007-08 fiscal year.

Finalized planning and tendered the Preeceville Integrated Health Facility.

Planning for Preeceville Integrated Health facility was completed and the project proceeded to tender this year. The project consists of major renovation and system upgrades to the existing Preeceville Hospital building, and construction of a new 40-bed long-term care addition. Construction is set to commence in spring/summer 2007.

Continued detailed planning of three hospital facilities.

1) RAWLCO Centre for Mother & Baby Care

Planning continued throughout this year for a tender call in early 2008. The new centre will have 21 NICU beds, 36 mother/baby rooms, eight labour and birth rooms, a six-bassinette newborn nursery and a five-bed special care nursery.

2) Humboldt Hospital Replacement

The Humboldt Hospital Replacement project continued with planning throughout this year. The project will

provide 34 inpatient rooms along with emergency and community services. Construction is expected to start early in 2008.

3) Saskatoon Inpatient Mental Health

Planning continued throughout this year for a tender call in the fall of 2007. The facility will provide for 54 adult in-patient mental health rooms along with 10 child/adolescent mental health rooms.

Began planning of the new maternal/child hospital and addition to Oliver Lodge Nursing Home in Saskatoon.

Functional Programming began this year for a new maternal/child hospital in the absence of knowing the site location.

Planning began on the expansion of Oliver Lodge long-term care facility in Saskatoon.

The project scope includes the addition of 88 new resident rooms, for a total of 138 beds with increased day programming options and therapeutic services.

Continue planning for the replacement of Saskatchewan Hospital in North Battleford (SHNB).

This project is currently in Step 8 of our capital process - functional programming. Next steps include design development and preparation of contract documents. Construction is expected to begin in 2008, with completion expected in 2010.

Provide funding to assist with maintaining our existing infrastructure.

In 2006-07, Saskatchewan Health invested $3.2M for life safety/emergency and infrastructure capital projects in the regions. Funding allocations are based on regional facilities' total area as a percentage of total area of the health care facilities of all regional health authorities. It provided grants to support acquiring and/or upgrading medical, surgical, diagnostic and other health equipment. Of the $22 million equipment funding allocated to the regions, $4.8M was targeted towards the expansion of medical imaging services. Funding was also provided for a range of categories in the following amount:

- Approximately $6.8 million toward diagnostic imaging equipment;
- $6 million for medical/surgical equipment;
- $1.4 million for patient comfort/safety equipment;
- $2.4 million for information technology; and
- Approximately $600,000 in other categories such as laboratory equipment, rehabilitation equipment, and EMS equipment.

In addition to the $22 million, one-time additional funding of $7 million was also provided to the regions to assist in capital equipment purchases.

Saskatchewan Disease Control Laboratory

Tendering for the new facility, to be built in Research Park (University of Regina Campus) has been completed. Construction is scheduled to begin in June 2007, with an expected completion date of Spring 2009. The 2007-08 Budget included $16.45M to cover the estimated expenditures on the project in that fiscal year.

2006-07 Performance Results

Measurement Results

Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns

Year	Number of QCC Contacts by Clients
2001-02	1,939
2002-03	1,684
2003-04	2,205
2004-05	2,140
2005-06*	3,436

* Latest available data. Data for 2006-07 will be available in September 2007.

Date Source: Health Information Solutions Centre web-based database: Client Concern Handling System (CCHS), Acute and Emergency Services Branch, Saskatchewan Health, as cited in Performance Management Accountability Indicators: Data Tables, June 11, 2007.

Calculation: The number of clients who contact a QCC to report one or more concerns during the fiscal year reporting period.

Analysis/Interpretation: All regional health authorities are required to annually report summary of their client concern information (without any identifying or case-specific information) to the dep tment. This information is one way of tracking the volume of health care concerns and identifying areas to target for quality improvement. The number of concerns reported increased significantly in 2005-06 due to implementation of a web-based concern handling system. The new system better supported quality of care co-ordinators (QCCs) in recording and reporting the number of concerns. As Saskatchewan Health and RHAs continue to promote the role of the QCC, it is anticipated that the number of contacts may increase. The number of client contacts with a QCC may not reflect the total number of concerns in the system, as clients and their family members may not be aware that a formal mechanism exists for reporting concerns. The number of client contacts is representative of the success of RHAs and Saskatchewan Health in publicizing the role and responsibilities of the QCC in resolving client concerns. This long-term measure is influenced by promotion and data collection efforts of regional health authorities. For more information on this initiative, visit the following web site: www.health.gov.sk.ca/ph_br_ae_qual_of_care.html.

Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days

Year	Client Concerns Concluded Within 30 days (%)
2001-02	85
2002-03	82
2003-04	87
2004-05	83
2005-06*	86

* Latest available data. Data for 2006-07 will be available in September 2007.

Data Source: Health Information Solutions Centre web-based database: Client Concern Handling System (CCHS), Acute and Emergency Services Branch, Saskatchewan Health, as cited in Performance Management Accountability Indicators: Data Tables, June 11, 2007.

Calculation: Per cent of client concerns concluded within 30 days.

Numerator: Total number of concerns resolved within 30 days during the fiscal year reporting period.
Denominator: Total number of concerns reported to the QCC during the fiscal year reporting period.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is considered concluded from the regional health authority's perspective when the QCC provides a written or oral response regarding the issue raised. The majority of the concerns received in 2005-06 (86 per cent) were concluded in a timely manner. Reasons for cases taking longer to address may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. Saskatchewan Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the department. For more information on this initiative, visit the following web site: www.health.gov.sk.ca/ph_br_ae_qual_of_care.html.

Objective 2: Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning in health care must be consistent across the province. Saskatchewan Health continues to work with regional health authorities to create a strong accountability relationship that includes strong governance, more co-ordinated planning and reporting, and strengthened fiscal management.

Key Actions: Results

Work in collaboration with regional health authorities to address patient flow through a variety of care settings/care processes (technical efficiency review).

Saskatchewan Health partnered with the Saskatchewan Association of Health Organizations (SAHO) to implement an electronic staff scheduling system. The new staff scheduling system will make the best use of our health professionals, reduce administration and paperwork, increase time for patient care, and better manage overtime and seniority. The Saskatchewan Health Information Network (SHIN) provides the technology support for this initiative.

The effectiveness of human resources is a key issue, and the issues of escalating staff overtime, sick leave costs, and time collisions have resulted in the need for a staff scheduling system. The health care sector employs 37,000 employees of whom approximately 24,600 are shift workers. Benefits of implementing a staff scheduling system include reduced time spent on clerical tasks by clinical managers and support staff; reduced frustration by health professionals and, redeployment of nurse managers to deal with absence management and other clinical managerial tasks.

The Saskatchewan Oncology Collaborative (SOC) was established in Spring 2006 to oversee the implementation of recommendations from the 2005-06 operational review of cancer services in the province. SOC provides a forum for the Saskatchewan Cancer Agency (SCA) and its health partners for program consultation, joint planning, implementation and evaluation. It is co-chaired by the SCA and the Regina Qu'Appelle Regional Health Authority, and has representation from regional health authorities, Saskatchewan Health, Canadian Cancer Society Saskatchewan Division, and patient groups. Several established working groups regularly report to SOC. In addition to activities undertaken by the SOC and its sub-groups, work to improve patient access to cancer care is being undertaken through the SCA's wait times task force and working group.

2006-07 Performance Results

Complete the development of model affiliate agreements and begin implementation.

Amendments to *The Regional Health Services Act* were introduced in the fall of 2006 (and subsequently passed in spring 2007) that provide a framework for the development of more effective agreements between regional health authorities and health care organizations that ensure greater accountability and contribute to the delivery of quality health services.

Implement enhancements in the collection and reporting of management information to improve the availability of timely and comparable information by Saskatchewan Health and regional health authority leaders in planning and managing health sector performance and accountability

The department contracted the firm of Deloitte to undertake an operational review of the Sunrise Regional Health Authority. The review was completed in November and contained a number of recommendations. The department is working with Sunrise Regional Health Authority as they implement the recommendations over several years. Subsequent to the Sunrise regional health authority review, the Department contracted Deloitte to undertake a review of the operations of the Prince Albert Parkland Regional Health Authority. At March 31 2007 the review was underway, but not yet complete.

Measurement Results

Percentage of regional health authority operational plans meeting standards

Progress to date: regional health authorities have submitted annual operational plans.

Data Source: Regional Accountability Branch, Saskatchewan Health
Calculation: A quantitative tool to assess whether or not plans are meeting standards has not yet been established. Standards refer to planning and reporting requirements. Consideration is being given regarding a more effective measure for this objective.
Analysis/Interpretation: All regional health authorities submitted comprehensive operational plans according to the guidelines established by Saskatchewan Health. Plans submitted by regional health authorities are intended to be initial planning documents to help inform Saskatchewan Health's budget process and as such are not the final budget for regional health authorities for the fiscal year. Planning guidelines indicated that the operational plan is to be prepared at a status quo service level and where necessary identifying changes are required to balance within the target provided. Six regions (50 per cent) did not fully comply with the requirement to provide plans including changes that would be sufficient to balance their 2007-08 operations (Three regional health authorities submitted 2006-07 operational plans not complying with the requirement to balance; however, all regional health authorities ended the year with a surplus).

Objective 3: Sustain publicly funded and publicly administered medicare

Saskatchewan Health continues to provide leadership in promoting health quality and innovation in the provision of health care. We continue to introduce a range of initiatives to ensure evidence-based decisions lead to continuous improvement in the delivery of quality health services.

Key Actions: Results

Continue to work with partners in the health sector to implement cost-effective approaches to health care.

In 2005, Saskatchewan Health established a $1 million Technical Efficiency Fund (TEF) to conduct

technical efficiency reviews within the health system. This funding represents a portion of the incremental federal funding of $66 million provided to Saskatchewan Health as a result of the 2004 First Ministers' Meeting. The TEF's goals are to identify those areas of health system delivery that could benefit from the application of one or more approaches to improve productivity, timeliness of care and health outcomes, and overall patient and provider satisfaction. Four projects were approved for funding through the TEF.

Two projects are complete:

- Emergency Department Process Optimization Project (Partners - Regina Qu'Appelle and Saskatoon Regional Health Authorities, and the Health Quality Council), and
- Speech Language Pathology (SLP) & Early Childhood Psychology (ECP) Services Efficiency Optimization Project (Partners - Prairie North Regional Health Authority and the Health Quality Council)

Two projects remain in progress:

- Going Lean in the Five Hills Health Region - In Pursuit of Excellence (Partners - Five Hills Regional Health Authority and the Health Quality Council), and
- Developing a Multi-Regional Startegy to Understand and Improve Access and Patient Flow (South Saskatchewan Project - Regina Qu'Appelle, Cypress, Five Hills, Sun Country, and Sunrise Regional Health Authorities, and the Health Quality Council)

An evaluation of the TEF began in 2006 and is scheduled to be complete in 2007.

Implement strategies to engage the public as well as health care providers to increase knowledge of the health sector, including what the sector does, the strengths of the system, and current and future challenges.

Throughout 2006-07, Saskatchewan Health's communications with the media, public and health care partners has consistently emphasized the nature and scope of health services available in Saskatchewan, progress and successes in enhancing those services, and the need to manage the health system within available financial resources. Sustainability and the challenge of increasing demand for services are frequent themes in news releases, consultations and public addresses by the Minister of Health and Minister of Healthy Living Services.

Measurement Results

Under Development
Data Source: Policy and Planning Branch and Finance and Administration Branch, Saskatchewan Health.
Calculation: Under development.
Analysis/Interpretation: Health care costs are rapidly rising. While technological advances add quality and years to people's lives, they are expensive. Saskatchewan Health strives to make the best possible use of our resources through prudent and innovative service delivery. In the past, public health spending as a proportion of the Gross Domestic Product (GDP) has been used as an indicator of the sustainability of a publicly funded and publicly administered health care system. However, a review of this measure in 2005-06 found such a measure provides limited meaningful information. The department completed a review of the literature in late 2006 that found a continued lack of clear benchmarks to adequately measure the sustainability of publicly funded health care.* In the event that such benchmarks become available, they will be reviewed and considered for use in the measurement of sustainability.

* Foster, R.S. et.al. Medicare Financial Status, Budget Impact and Sustainability – Which Concept is Which? Health Care Financing Review, Winter 2005-2006, vol.27, no.2.

2006-07 Financial Results

2006-07 Financial Results

To ensure that we remain fully accountable to the government and to the people of this province, we need to manage the following risks and challenges, making sure:

- Available funding goes to the highest priority needs;
- We get value for the money we provide;
- We comply with existing legislation and regulations;
- The proper controls are in place to ensure the safety of the assets of the department; and
- We appropriately report results to the public, the legislature, and our partners in the health system.

There are a number of ways we do this. These include:

- Audited results - The Provincial Auditor's Office has legislative responsibility to audit Saskatchewan Health and to publish the results;
- Accountability to the Legislature - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. Also, the annual health budget is published in the estimates, spending is detailed in the public accounts, and the Minister of Health and the Minister of Healthy Living Services appear before the Legislature's Committee of Finance and the Standing Committee on Human Services;
- Public reporting - This annual report is one of many reports published each year by Saskatchewan Health. Each year the report provides an important link in the provincial accountability framework.
- Comparative reporting - All provinces made a commitment in September 2000 to prepare public reports on the performance of their health systems; and
- Third-party agencies' accountability - The vast majority of health services that Saskatchewan people depend on are delivered through third parties such as the regional health authorities. As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

Saskatchewan Health believes these measures ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

Comparison of Actual Expenditures to Estimates

		2006-07 Estimates $000s	2006-07 Actual $000s	Variance $000s *	
Operating Expenses:					
Central Management and Services		14,981	14,547	(434)	
Regional Health Services					
	Athabasca Health Authority Inc.	4,255	4,361	106	
	Cypress Regional Health Authority	78,005	79,319	1,314	
	Five Hills Regional Health Authority	91,823	93,297	1,474	
	Heartland Regional Health Authority	61,116	61,888	772	
	Keewatin Yatthe Regional Health Authority	16,317	16,650	333	
	Kelsey Trail Regional Health Authority	71,182	71,880	698	
	Mamawetan Churchill River Regional Health Authority	15,296	15,392	96	
	Prairie North Regional Health Authority	121,365	122,962	1,597	
	Prince Albert Parkland Regional Health Authority	116,534	119,164	2,630	
	Regina Qu'Appelle Regional Health Authority	559,843	564,994	5,151	(1)
	Saskatoon Regional Health Authority	602,808	609,761	6,953	(1)
	Sun Country Regional Health Authority	88,901	89,919	1,018	
	Sunrise Regional Health Authority	127,109	129,813	2,704	
	Regional Targeted Programs and Services	62,235	60,729	(1,506)	
	Saskatchewan Cancer Agency	73,178	71,133	(2,045)	
	Facilities - Capital	44,040	50,980	6,940	(2)
	Equipment - Capital	22,000	29,000	7,000	(2)
	Regional Programs Support	16,726	15,969	(757)	
	Subtotal	2,172,733	2,207,211	34,478	
Provincial Health Services					
	Canadian Blood Services	45,307	39,800	(5,507)	(3)
	Provincial Targeted Programs and Services	30,386	43,823	13,437	(4)
	Provincial Laboratory	14,006	14,214	208	
	Health Research	5,933	5,933		
	Health Quality Council	5,000	5,505	505	(5)
	Immunizations	9,823	11,232	1,409	(6)
	Saskatchewan Health Information Network	17,190	17,190		
	Provincial Programs Support	16,072	15,645	(427)	
	Subtotal	143,717	153,342	9,625	
Medical Services & Medical Education Programs					
	Medical Services - Fee-for-Service	372,421	375,002	2,581	
	Medical Services - Non-Fee-for-Service	77,261	80,062	2,801	
	Medical Education System	26,562	27,134	572	
	Chiropractic Services	9,142	9,220	78	
	Optometric Services	3,992	4,313	321	
	Dental Services	1,605	1,413	(192)	
	Out-of-Province	84,623	83,074	(1,549)	
	Program Support	4,389	4,308	(81)	
	Subtotal	579,995	584,526	4,531	
Drug Plan & Extended Benefits					
	Saskatchewan Prescription Drug Plan	201,936	200,149	(1,787)	
	Saskatchewan Aids to Independent Living	30,648	27,359	(3,289)	(3)
	Supplementary Health Program	15,632	14,972	(660)	
	Family Health Benefits	6,271	4,561	(1,710)	(3)
	Multi-Provincial Human Immunodeficiency Virus Assistance	230	230		
	Program Support	3,146	2,977	(169)	
	Subtotal	257,863	250,248	(7,615)	
Early Childhood Development		9,013	8,964	(49)	
Provincial Laboratory Infrastructure Project		11,096	2,389	(8,707)	(7)
APPROPRIATION BEFORE SUPPLEMENTARY ESTIMATES		3,189,398	3,221,227	31,829	
Supplementary Estimates and Special Warrant **		50,400		(50,400)	
REVISED APPROPRIATION		3,239,798	3,221,227	(18,571)	
Capital Asset Acquisition ***		(23,621)	(17,681)	5,940	(8)
Capital Asset Amortization		806	(580)	(1,386)	(9)
REVISED TOTAL EXPENSE		3,216,983	3,202,966	(14,017)	
FTE STAFF COMPLEMENT		684.2	675.3	(8.9)	

* See below for explanations of variances between the 2006-07 Estimates and the 2006-07 actuals that are greater than 5% and greater than $500,000 and/or greater than $3,200,000 (0.1% of total department expense).

** Supplementary Estimates: November 2006 and March 2007.

*** Estimate column includes $12 million provided through March 2007 Supplementary Estimates for capital asset acquisitions.

Variances are primarily the result of:

(1) Increased expenditures mainly as a result of collective bargaining, joint job evaluation implementation costs and overtime and backfill costs for Family Day.
(2) Increased expenditures for Magnetic Resonance Imaging equipment/facility costs and other equipment purchases.
(3) Decreased program utilization.
(4) Increased expenditures for recruitment and retention initiatives and the purchase of two air ambulance aircraft.
(5) Increased one-time program expenditures.
(6) Increased costs primarily from increased volumes of revenue-reimbursed services.
(7) Decreased costs as a result of project delays.
(8) Decreased infrastructure costs offset by increased information technology system and hardware costs.
(9) Changes in vaccine inventory.

Comparison of Actual Revenue to Estimates

	2006-07 Estimates $000s	2006-07 Actual $000s	Variance $000s **
Other Own-source Revenue			
Interest, premium, discount and exchange	40	128	88
Licenses and Permits	142	157	15
Sales, services and service fees	4,951	5,716	765
Other	424	1,247	823
Total	**5,557**	**7,248**	**1,691**
Transfers from the federal government	**8,327**	**7,267**	**(1,060)** (1)
TOTAL REVENUE	**13,884**	**14,515**	**631**

** See below for explanations of variances between 2006-07 estimates and 2006-07 actuals that are greater than $1,000,000.

Variances are primarily the result of:
(1) Decreases in revenue as a result of anticipated agreements not signed in 2006-07.

The department collects revenue relating to various health-related federal government initiatives and fees on behalf of government. Federal transfers are provided for primary health care initiatives, air ambulance, *Youth Criminal Justice Act* implementation, alcohol and drug rehabilitation, and employment assistance for persons with disabilities. Revenue is also received for items such as vital statistics services, personal care home licenses and water testing fees. All revenue collected is deposited into the General Revenue Fund.

2006-07 Regional Health Services Actual Facility Capital Expenditures

Capital Projects

Regional Health Authority	Community/Facility	Project Description	2006-07 Actual Expenditure (In Dollars)
Block Funding	All Regional Health Authorities	Infrastructure Upgrades	3,200,000
Cypress	Swift Current	Cypress Regional Hospital	3,740,630
Heartland	Outlook	Addition to Pioneer Home	5,200,000
Keewatin Yatthe	Ile a la Crosse	Integrated Facility	6,500,000
Kelsey Trail	Hudson Bay	LTC Addition	515,000
Prairie North	Maidstone	Integrated Facility	5,300,000
Regina Qu'Appelle	Moosomin	Integrated Facility	7,400,000
	Regina	RAWLCO Maternal & Newborn Care Centre	1,000,000
Saskatoon	Saskatoon	MRI Renovations	5,440,000
	Humboldt	Hospital Replacement	3,400,000
	Saskatoon	Mental Health In-patient	3,000,000
	Saskatoon	Addition to Oliver Lodge	1,184,370
	Saskatoon	Planning and Facility Assessments - Maternal & Children's Hospital	800,000
	Saskatoon	NICU Upgrade	700,000
Sunrise	Preeceville	Integrated Facility	3,600,000
Capital Facilities Total			**50,980,000**

Note:
Block Funding is provided to regional health authorities to support ongoing upgrades to infrastructure in various facilities within the region.

2006-07 Regional Health Services Actual Equipment Capital Expenditures

Capital Equipment

Regional Health Authority	Medical Technology Fund	Incremental Funding	Diagnostic Imaging	2006-07 Actual Expenditure (In Dollars)
Athabasca	40,000			40,000
Cypress	480,000	100,000	138,762	718,762
Five Hills	670,000	100,000	133,963	903,963
Heartland	330,000	300,000	87,333	717,333
Keewatin Yatthe	125,000	325,000		450,000
Kelsey Trail	400,000	100,000	87,333	587,333
Mamawetan Churchill River	125,000		121,038	246,038
Prairie North	750,000	100,000	190,836	1,040,836
Prince Albert Parkland	865,000	175,000	312,058	1,352,058
Regina Qu'Appelle	5,400,000	300,000	682,638	6,382,638
Saskatoon	6,200,000	5,300,000	2,796,934	14,296,934
Sun Country	480,000	100,000	116,058	696,058
Sunrise	865,000	100,000	133,047	1,098,047
Provincial Lab	470,000			470,000
Total Capital Equipment:	**17,200,000**	**7,000,000**	**4,800,000**	**29,000,000**

Medical Technology Fund - Funding in support of ongoing equipment replacement.
Incremental Funding - Additional funding in support of ongoing equipment replacement.
Diagnostic Imaging - Funding in support of the provincial diagnostic imaging strategy.

2006-07 Guaranteed Debt

	$000s
Beginning Balance	35
Reductions (Principal Repayment)	(3)
Ending Balance	32

Guarantee Details

Between 1958 and 1965, the Canadian Mortgage and Housing Corporation required that the province guarantee mortgages for special-care homes. No new mortgage guarantees have been provided since 1965. At March 31, 2007, there was one outstanding mortgage, totalling $32,000, which is scheduled to be retired by 2015.

2006-07 Regional Health Authorities' Audited Operating Fund Financial Statements

(In Dollars)

STATEMENT OF OPERATIONS	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Operating Revenues						
Saskatchewan Health - General Revenue Fund	81,070,251	94,963,910	61,898,707	17,583,751	72,458,555	16,959,071
Other Government Jurisdiction Revenue	233,104	421,593	107,063	75,000	427,846	723,238
Out-of-Province/Third Party Reimbursements	9,133,980	5,532,938	9,676,132	1,243,809	8,199,191	769,437
Donations	112,881	151,878	29,809	-	26,996	-
Investment Income	376,315	603,102	352,487	74,192	327,240	79,842
Ancillary Operations	-	149,375	-	2,081,138	544,165	117,993
Other	349,512	768,566	319,997	244,329	793,902	295,363
Total Operating Revenue	**91,276,043**	**102,591,362**	**72,384,195**	**21,282,219**	**82,777,895**	**18,944,944**
Operating Expenses						
Province Wide Acute Care Services	860,451	1,124,327	48,230	47,986	722,132	133,146
Acute Services	27,788,117	36,002,420	14,758,225	6,566,992	27,651,968	5,523,972
Physician Compensation	6,702,757	5,070,009	298,407	36,134	1,116,401	56,500
Supportive Care Services	31,461,089	31,741,419	34,049,370	1,091,328	29,246,233	500,300
Home Based Service - Supportive Care	5,301,725	5,640,721	5,417,175	1,078,992	5,000,508	196,501
Population Health Services	1,785,338	2,871,566	2,499,582	2,180,555	3,335,176	2,472,192
Community Care Services	4,019,628	4,707,472	2,933,146	1,467,408	2,655,331	2,225,590
Home Based Services - Acute & Palliative	622,537	1,017,824	566,823	-	499,623	836,254
Primary Health Care Services	3,241,072	1,198,072	3,221,417	2,229,584	2,644,879	2,894,036
Emergency Response Services	2,911,713	2,242,591	3,351,638	1,508,584	2,505,134	706,963
Mental Health Services - Inpatient	1,148,720	2,037,538	-	-	-	-
Addiction Services - Residential	-	778,126	450,890	655,041	-	282,260
Physician Compensation	929,946	1,678,687	418,407	-	1,990,939	655,996
Program Support Services	4,034,424	3,855,297	3,551,970	2,210,497	4,153,551	1,847,006
Special Funded Programs	165,264	769,351	90,572	95,462	530,059	233,119
Ancillary	150,000	141,913	-	1,974,887	-	12,240
Total Operating Expenses	**91,122,781**	**100,876,333**	**71,655,852**	**21,143,450**	**82,351,734**	**18,575,965**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**153,262**	**1,715,029**	**728,343**	**138,769**	**426,161**	**368,979**
Operating Fund Balance - Beginning of the year	(726,298)	1,227,902	669,007	248,881	(1,040,945)	(281,328)
Interfund Transfers	(104,028)	(1,715,029)	(661,585)		(86,833)	
Equity Adjustments						
Total Adjustments to Equity	(104,028)	(1,715,029)	(661,585)		(86,833)	
Operating Fund Balance - End of Year	(677,064)	1,227,902	725,765	387,650	(701,617)	87,651
STATEMENT OF FINANCIAL POSITION						
Operating Assets						
Cash and Short-term Investments	8,579,747	11,488,652	8,875,578	4,113,246	5,788,500	2,031,074
Accounts Receivable						
Saskatchewan Health	327,538	498,609	394,991	108,218		198,075
Other	1,651,457	774,480	1,066,031	914,304	766,155	547,891
Inventory	997,470	810,918	1,040,406	443,507	464,576	207,529
Prepaid Expenses	478,182	1,106,386	498,129	77,813	1,087,030	88,067
Investments	51,642	79,124	648,292		34,373	
Restricted Assets						
Other					29,039	
Total Operating Assets	**11,986,036**	**14,758,169**	**12,523,427**	**5,657,088**	**8,139,673**	**3,072,636**
Liabilities and Operating Fund Balance						
Accounts Payable	4,617,795	4,902,351	3,455,161	1,264,005	3,073,684	649,742
Bank Indebtedness						
Accrued Liabilities	6,799,304	6,707,399	6,797,168	2,899,410	5,182,104	1,047,896
Deferred Revenue	1,248,013	2,820,917	1,549,336	1,316,023	586,502	1,287,047
Total Liabilities	12,663,102	13,530,267	11,797,662	5,269,438	8,841,290	2,984,685
Externally Restricted	149,304					
Internally Restricted		5,793				
Unrestricted	(826,370)	1,222,109	725,765	387,650	(701,617)	87,651
Operating Fund Balance	(677,066)	1,227,902	725,765	387,650	(701,617)	87,651
Total Liabilities and Operating Fund Balance	**11,986,036**	**14,758,169**	**12,523,427**	**5,657,088**	**8,139,673**	**3,072,336**

2006-07 Regional Health Authorities' Audited Operating Fund Financial Statements

(In Dollars)

STATEMENT OF OPERATIONS	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Revenues							
Saskatchewan Health - General Revenue Fund	124,645,513	122,032,432	580,069,038	627,940,000	90,510,226	130,424,582	2,020,556,036
Other Government Jurisdiction Revenue	19,397,252	1,252,561	11,023,698	10,439,000	341,915	517,749	44,960,019
Out-of-Province/Third Party Reimbursements	13,644,979	9,543,701	28,229,549	22,541,000	11,631,701	17,083,400	137,329,817
Donations	142,595	31,845	420,929	-	174,362	177,709	1,269,004
Investment Income	572,753	167,007	203,224	-	176,392	30,419	2,962,973
Ancillary Operations	161,448	956,181	3,991,476	11,005,000		29,646	19,013,822
Other	2,707,160	45,445	10,698,018	2,680,000	3,0 634	1,452,323	20,685,249
Total Operating Revenue	**161,271,700**	**134,129,172**	**634,636,332**	**674,605,000**	**103,165,230**	**149,712,828**	**2,246,776,920**
Operating Expenses							
Province Wide Acute Care Services	17,831,004	1,587,206	47,532,571	37,752,000		1,645,910	109,284,963
Acute Services	53,165,298	51,428,004	299,281,424	351,153,000	24,378,310	51,743,516	949,441,148
Physician Compensation	5,964,829	5,502,724	43,140,663	38,073,000	587,474	3,640,647	114,389,545
Supportive Care Services	40,388,928	33,841,519	109,990,724	107,499,000	46,502,773	55,621,112	521,922,795
Home Based Service - Supportive Care	6,348,786	6,390,713	16,387,362	23,779,000	7,028,567	7,650,594	90,220,664
Population Health Services	3,874,050	4,148,883	15,637,213	16,273,000	3,593,308	3,457,756	62,127,419
Community Care Services	7,908,337	8,334,852	19,191,725	24,722,000	4,487,945	6,500,609	89,154,043
Home Based Services - Acute & Palliative	1,037,960	1,995,085	8,037,006	4,233,000	748,669	1,630,282	21,224,963
Primary Health Care Services	4,129,975	1,309,276	7,514,526	5,669,000	2,967,080	1,282,425	38,301,142
Emergency Response Services	4,221,562	2,820,734	9,581,648	5,964,000	3,847,693	3,997,036	43,449,276
Mental Health Services - Inpatient	1,811,914	3,783,647	8,505,442	6,098,000	1,589,036	1,832,454	25,906,751
Addiction Services - Residential	589,922			1,609,000			4,365,239
Physician Compensation	2,114,339	1,898,060	4,940,252	1,745,000	967,779	1,303,911	18,435,256
Program Support Services	7,991,304	6,016,717	32,047,081	35,983,000	5,082,239	6,879,396	113,782,482
Special Funded Programs	2,390,245	646,227	4,068,125	6,327,000	157,216	1,349,594	16,922,284
Ancillary	198,044	648,306	926,624	6,312,000		897,536	11,261,550
Total Operating Expenses	**159,867,197**	**133,949,943**	**626,774,406**	**673,191,000**	**102,028,079**	**149,622,778**	**2,231,159,518**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**1,404,503**	**179,229**	**7,861,926**	**1,414,000**	**1,137,151**	**90,050**	**15,617,402**
Operating Fund Balance - Beginning of the year	680,995	(8,206,890)	(61,811,566)	(22,470,000)	(5,256,811)	(23,323,389)	(120,298,442)
Interfund Transfers	(1,812,729)	(61,883)	(3,143,465)	(369,000)	(922,532)	(1,150,837)	(10,027,921)
Equity Adjustments							
Total Adjustments to Equity	(1,812,729)	(61,883)	(3,143,465)	(369,000)	(922,532)	(1,150,837)	(10,027,921)
Operating Fund Balance - End of Year	274,769	(8,089,544)	(57,093,105)	(21,425,000)	(5,042,192)	(24,384,176)	(114,708,961)
STATEMENT OF FINANCIAL POSITION							
Operating Assets							
Cash and Short-term Investments	10,295,677	9,601,954	1,338,471	49,480,000	3,740,231	490,253	115,823,383
Accounts Receivable							
Saskatchewan Health	558,180	522,845	6,721,574	4,231,000	224,427	77,766	13,963,232
Other	1,723,612	2,293,404	9,730,085	15,185,000	840,870	1,969,620	37,482,609
Inventory	1,451,516	636,963	4,339,638	5,375,000	782,235	1,349,902	17,679,560
Prepaid Expenses	1,810,787	1,033,677	3,040,389	1,437,000	574,158	592,537	11,801,958
Investments	1,379,477				12,584	524,443	2,730,235
Restricted Assets							
Other					104,378		133,414
Total Operating Assets	**17,319,558**	**14,288,743**	**24,873,757**	**75,708,000**	**6,263,183**	**5,004,421**	**199,594,391**
Liabilities and Operating Fund Balance							
Accounts Payable	5,616,716	9,198,564	26,558,263	40,908,000	1,920,484	5,118,172	106,172,159
Bank Indebtedness						13,395,559	13,395,559
Accrued Liabilities	9,892,830	11,065,444	45,393,243	48,207,000	8,660,948	9,946,755	160,599,498
Deferred Revenue	1,535,241	2,114,259	10,015,356	10,018,000	723,933	928,111	34,136,136
Total Liabilities	17,044,789	22,378,287	81,966,862	97,133,000	11,305,375	29,388,597	314,303,354
Externally Restricted					576,875		726,179
Internally Restricted	274,769	-			8,903	37,004	329,469
Unrestricted		(8,089,544)	(57,093,105)	(21,425,000)	(5,827,970)	(24,421,180)	(115,761,611)
Operating Fund Balance	274,769	(8,089,544)	(57,093,105)	(21,425,000)	(5,042,192)	(24,384,176)	(114,708,963)
Total Liabilities and Operating Fund Balance	**17,319,558**	**14,288,743**	**24,873,757**	**75,708,000**	**6,263,183**	**5,004,421**	**199,594,391**

2007-08 Budget Overview

	Estimates $000s
Central Management and Services	16,224
Regional Health Services	2,323,175
Provincial Health Services	161,583
Medical Services and Medical Education Programs	612,990
Drug Plan and Extended Benefits	322,855
Early Childhood Development	9,323
Provincial Infrastructure Projects	17,450
Total Appropriation	**3,463,600**
Capital Asset Acquisitions	(17,975)
Capital Asset Amortization	498
Total Expense	**3,446,123**

Approximately 90 per cent of the 2007-08 budget will be provided to third parties (e.g. regional health authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be transferred to individuals through the Saskatchewan Prescription Drug Plan and Extended Benefit Programs.

For more information

Detailed information about Saskatchewan Health's programs and services is available on the web site **www.health.gov.sk.ca**

Specific contact information is also available for a variety of health services in Appendix 6: Saskatchewan Directory of Services. Further inquiries can be made to Saskatchewan Health at **info@health.gov.sk.ca**.

Comments on the 2006-07 performance plans can also be directed to info@health.gov.sk.ca

Appendices

Appendix 1: Summary of Saskatchewan Health Legislation

The Ambulance Act
- Regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Agency Act
- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer related services.

The Cancer Foundation Act (Repealed January 2, 2007)
- Repealed and replaced by The Cancer Agency Act on January 2, 2007.

The Change of Name Act, 1995
- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act (Repealed February 2, 2007)
- Repealed and replaced by The Podiatry Act on February 2, 2007.

The Chiropractic Act, 1994
- Regulates the chiropractic profession.

The Dental Care Act
- Governs the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act
- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act
- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dietitians Act
- Regulates dietitians in the province.

The Emergency Medical Aid Act
- Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Fetal Alcohol Syndrome Awareness Day Act
- Establishes that September 9th of each year is designated as Fetal Alcohol Syndrome Awareness Day.

The Health Districts Act
- Most of the provisions within this Act have been repealed with the proclamation of most sections of The Regional Health Services Act. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

The Health Facilities Licensing Act
- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

Appendix 1: Summary of Saskatchewan Health Legislation

The Health Information Protection Act
- Protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Quality Council Act
- Governs the Health Quality Council, which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Act
- Governed the Department-run hearing aid and audiology program. However, since the regional health authorities now run the program, it no longer has any application.

The Hearing Aid Sales and Services Act
- Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

The Hospital Standards Act
- Provides the standards to be met for services delivered in hospitals.

The Housing and Special-care Homes Act
- Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act
- Regulates organ donations in the province.

The Licensed Practical Nurses Act, 2000
- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act
- Ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act, 1994
- Governs the operation of medical laboratories in the province.

The Medical Laboratory Technologists Act
- Regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981
- Regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act
- Regulates the profession of medical radiation technology, but will be repealed once The Medical Radiation Technologists Act, 2006 is proclaimed in force.

The Medical Radiation Technologists Act, 2006
- Regulates the profession of medical radiation technology. Once proclaimed, this Act will repeal and replace The Medical Radiation Technologists Act.

Appendix 1: Summary of Saskatchewan Health Legislation

The Mental Health Services Act
- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act (effective February 23, 2007 except for subsections 7(2) to (5), sections 8 to 10, sections 18 to 43, sections 47 and 49, not yet proclaimed)
- Will regulate midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act
- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act
- Regulates naturopathic physicians in Saskatchewan.

The Occupational Therapists Act, 1997
- Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act
- Regulates opticians in the province.

The Optometry Act, 1985
- Regulates the profession of optometry.

The Personal Care Homes Act
- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996
- Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998
- Regulates the profession of physical therapy.

The Podiatry Act
- Regulates the podiatry profession.

The Prescription Drugs Act
- Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

The Prostrate Cancer Awareness Month Act
- Raises awareness of prostrate cancer in Saskatchewan.

The Psychologists Act, 1997
- Regulates psychologists in Saskatchewan.

The Public Health Act
- Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

Appendix 1: Summary of Saskatchewan Health Legislation

The Public Health Act, 1994
- Provides authority for the establishment of public health standards, such as public health inspection of food services.

The Regional Health Services Act
- This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal The Health Districts Act, The Hospital Standards Act and The Housing and Special-care Homes Act.

The Registered Nurses Act, 1988
- Regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act
- Regulates the profession of registered psychiatric nursing.

The Residential Services Act
- Governs the establishment and regulation of facilities that provide certain residential services. Saskatchewan Corrections and Public Safety, Saskatchewan Community Resources and Saskatchewan Health administer this Act.

The Respiratory Therapists Act (not yet proclaimed)
- Regulates the profession of respiratory therapists.

The Saskatchewan Health Research Foundation Act
- Governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

The Saskatchewan Medical Care Insurance Act
- Provides the authority for the province's medical care insurance program and payments to physicians.

The Senior Citizens' Heritage Program Act
- This Act provides the authority for an obsolete low-income senior citizens program.

The Speech-Language Pathologists and Audiologists Act
- Regulates speech-language pathologists and audiologists in the province.

The Tobacco Control Act
- The purpose of this Act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

The Vital Statistics Act, 1995
- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act
- Sets out the province's responsibilities with respect to services for the visually impaired.

The Youth Drug Detoxification and Stabilization Act
Provides authority to detain youth who are suffering from severe drug addiction/abuse.

Appendix 2: Legislative Amendments

During the 2006-07 fiscal year, there were a number of Bills that received royal assent, received royal assent and came into force, or were proclaimed in force.

The Cancer Agency Act
The Cancer Agency Act repeals and replaces The Cancer Foundation Act as the principal legislation overseeing the Saskatchewan Cancer Agency. Legislation for the Saskatchewan Cancer Agency reflects current government practice by establishing the standard financial, accountability and reporting provisions that govern regional health authorities. This is achieved through the combination of The Cancer Agency Act, as well as changes to The Regional Health Services Act that extend current accountability provisions for regional health authorities to include the Agency. In this way, the government's regulation of the Agency will evolve into a relationship similar to that with the RHAs. The Act received Royal Assent on May 19, 2006 and proclaimed on January 2, 2007.

The Medical Radiation Technologists Act, 2006
The Act received Royal Assent on May 19, 2006, and once proclaimed, will repeal and replace The Medical Radiation Technologists Act.

The Medical Radiation Technologists Act, 2006 will establishes that three public representatives are appointed to the council of the Saskatchewan Association of Medical Radiation Technologists. Doing so will give the public a greater voice in the regulation of MRTs. The Act will also reserve professional titles to members of the Saskatchewan Association of Medical Radiation Technologists. These titles include "Medical Radiation Technologist," "Medical Radiological Technologist," "Medical Radiation Therapist," "Nuclear Medicine Technologist" and "Magnetic Resonance Technologist." Finally the Act will allow the association to establish a clearer and more effective disciplinary process for its members.

The Regional Health Services Amendment Act, 2006
Amendments to The Regional Health Services extend provisions relating to governance and accountability of Regional Health Authorities and health care organizations to the Saskatchewan Cancer Agency. The Act received Royal Assent on May 19, 2006 and proclaimed on January 2, 2007.

The Respiratory Therapists Act
The Respiratory Therapists Act establishes the Saskatchewan Association of Respiratory Therapists as the regulatory body for the profession of respiratory therapy. The Act has provisions similar to those governing other self-regulating health professions and also includes a provision clarifying that the purpose of a regulatory body is confined to acting only in the public interest and does not include advocacy in the interest of the profession. The Act received Royal Assent on May 19, 2006.

The Occupational Therapists Amendment Act, 2003
The Occupational Therapists Amendment Act, 2003 received Royal Assent in 2003. The amendments to the Act permitted licensure of an occupational therapist who has a Professional Master's Degree in occupational therapy without first having to receive an undergraduate degree in occupational therapy. The Act was proclaimed on August 1, 2006.

Appendix 2: Legislative Amendments

The Psychologists Amendment Act, 2004
The Psychologists Amendment Act, 2004 received Royal Assent in 2004. Specific amendments to the Act included:

- the requirement that bylaws be presented to the membership for approval;
- clarifying that applicants must have completed the educational requirements before being granted a provisional licence;
- allowing for a provisional licence if an applicant has not yet successfully passed the prescribed examination; and
- replace the term 'restricted' licence with 'provisional' licence.

The Act was proclaimed on May 12, 2006.

The Podiatry Act
The Podiatry Act received Royal Assent in 2003. This Act repeals and replaces The Chiropody Profession Act and provides self-regulating authority to the podiatry profession. All portions of the Act, except clauses 14(2)(n) and (o) were proclaimed in force February 2, 2007.

The Midwifery Act
The Midwifery Act received Royal Assent in 1999 and provides self-regulating authority to the midwifery profession. All portions, except for subsections 7(2) to (5), sections 8 to 10, sections 18 to 43, sections 47 and 49, were proclaimed on February 23, 2006.

There were also a number of Bills that were introduced in the 2006-07 fiscal year, but did not receive Royal Assent until the 2007-08 fiscal year:

The Paramedics Act – May 17, 2007
The Public Health Amendment Act, 2006 – March 21, 2007
The Regional Health Services Amendment Act, 2006 (No. 2) – May 17, 2007
The Tobacco Litigation and Health Care Costs Recovery Act – April 26, 2007
The Vital Statistics Act, 2007 – May 17, 2006
The Youth Drug Detoxification and Stabilization Amendment Act, 2006 – April 26, 2007

Appendix 3: Regulatory Amendments 2006-07

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2006 (No. 2)
Amendments to the regulation provide the authority for payment of insured chiropractic services in accordance with the April 1, 2006 to March 31, 2009 funding agreement between the Chiropractors' Association of Saskatchewan and Saskatchewan Health. The agreement provides for a 2.5% increase per year and includes a utilization formula that adjusts fees on the basis of an increase or decrease in utilization of more than 1%. In addition to the fee increase, the patient co-payment amount increases by three dollars in total- two dollars effective July 1, 2006 and one dollar effective April 1, 2008.

The Hospital Standards Amendment Regulations, 2006
Amendments to the regulations repeal sections that provide for the appointing of medical, dental and chiropractic staff. The amendments also repeal sections related to the granting of practicing privileges.

The Swimming Pool Regulations, 2006
Amendments exempt condominium swimming pools and the swimming area located at Fieldstone Regional Park from the regulations. Amendments also remove regulations with respect to the C-collar requirements for the Type II First Aid Kit.

The Special-care Homes Rates Amendment Regulations, 2006
The amendments to the regulations amend the definition of 'dependants' to include other children beyond the children of the resident or resident's spouse who normally reside with them unless away from home while attending school and for whom the resident or resident's spouse bears major financial responsibility. Amendments to the regulation also provide for the payment of the minimum resident charge for children, as well as amends the section relating to "Charges based on full cost" to include the addition of responsibility of programs administered under The Workers' Compensation Act.

The Regional Health Services Administration Amendment Regulations, 2006
The amendments to the regulations change the legal name of prescribed Health Care organizations for the purpose of amalgamating with Regional Health Authorities (RHAs) and property tax exemption. In addition the amendments bring the Saskatchewan Cancer Agency (SCA) under the same accountability provisions as RHAs, and prescribe that the SCA has a borrowing limit of $1M without requiring Ministerial approval.

The Saskatchewan Medical Care Insurance Amendment Regulations, 2006 (No. 3)
The amendments to the regulations accommodate year one payments to physicians in accordance with the terms of the April 1, 2006 to March 31, 2009 funding agreement between the Saskatchewan Medical Association and Saskatchewan Health. The proposed changes to the regulations reflect an increase in payments to physicians equivalent to 2.8% for services provided in 2006-07.

The Saskatchewan Medical Care Insurance Amendment Regulations, 2007
Amendments to the regulations were required to provide the following:

- Authorize year two payments to physicians in order to implement the terms of the April 1, 2006 to March 31, 2009 funding agreement between the Saskatchewan Medical Association and Saskatchewan Health.
- Authorize year two payments to chiropractors in order to implement the terms of the April 1, 2006 to March 31, 2009 funding agreement between the Chiropractors' Association of Saskatchewan and Saskatchewan Health.
- Authorize a 1% increase effective midnight March 31, 2007 in order to implement the terms of the June 1, 2004 to March 31, 2007 funding agreement between the Saskatchewan Association of Optometrists and Saskatchewan Health.

Appendix 3: Regulatory Amendments 2006-07

The Health Information Protection Regulations, 2007
Amendments to the regulations allow for the disclosure of information to police or other law enforcement, where a trustee believes on reasonable grounds that disclosure would minimize the danger to the health and safety of a person. Amendments also resolve the misinterpretation with respect to the sharing of information with the Chief Coroner/Coroner, as well as provide a definition of 'Cancer Agency', pursuant to The Cancer Agency Act.

Appendix 4: Critical Incidents

Saskatchewan continues to take the lead on patient safety initiatives in Canada. The reporting of critical incidents is one of those initiatives.

A "critical incident" is defined in the Saskatchewan Critical Incident Reporting Guideline, 2004 as follows:

> By "crytical incident" we mean a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority (RHA) or health care organization (HCO).

Saskatchewan was the first province in Canada to formalize critical incident reporting.

The province has an established network of professionals in place, including the provincial Quality of Care Co-ordinators, regional Quality of Care Co-ordinators, and Surgical Care Coordinators to ensure that patients have appropriate and timely access to quality health services, and that any concerns regarding the health system or delivery of health services are taken seriously.

The provincial Quality of Care Co-ordinator in the Acute and Emergency Services Branch of Saskatchewan Health are responsible for collecting reported information and entering it into a database designed for ongoing monitoring and tracking of critical incidents.

During 2006-07, 183 critical incidents were reported the Saskatchewan Health. A growth in the number of reported critical incidents may be due to increased awareness of, and compliance with, the legislation and regulations. It does not necessarily indicate a growth in the number of critical incidents occuring in the health system.

Critical incidents were classified according to the following six categories described in the Saskatchewan Critical Incident Reporting Guideline, 2004:

Event	2005/06 (first full year of reporting)	2006-07
Surgical	11 (7%)	10 (5%)
Product or Device	13 (8%)	11 (6%)
Patient Protection	14 (9%)	23 (13%)
Care Management	88 (55%)	109 (60%)
Environmental	32 (20%)	22 (12%)
Criminal	3 (2%)	8 (4%)
Total	161 (100%)	183 (100%)

Appendix 5: Saskatchewan Health Directory of Services

For information about the province's health regions, visit
www.health.gov.sk.ca/regional-health-governance
or contact:
Communications Branch – Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6
Telephone: (306) 787-3696

Local Regional Health Authority (RHA) offices:

Cypress RHA	778-5100
Five Hills RHA	694-0296
Heartland RHA	882-4111
Keewatin Yatthé RHA	235-2220
Kelsey Trail RHA	873-3100
Mamawetan Churchill River RHA	425-2422
Prairie North RHA	446-6606
Prince Albert Parkland RHA	765-6000
Regina Qu'Appelle RHA	766-7792
Saskatoon RHA	655-3300
Sun Country RHA	842-8399
Sunrise RHA	786-0100
Athabasca Health Authority	439-2200
Saskatchewan Cancer Agency	585-1831

To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:
Saskatchewan Health Registration
Saskatchewan Health
1942 Hamilton Street
Regina SK S4P 3V7
Regina residents call: 787-3251
Other residents within the province may call our toll-free number at: 1-800-667-7551
As well, some forms may be available online at www.health.gov.sk.ca

For health information from a Registered Nurse 24 hours a day call:
HealthLine 1-877-800-0002

HealthLine Online: www.saskhealthlineonline.ca

Problem Gambling Help Line
1-800-306-6789

Supplementary Health Program and Family Health Benefits
Regina residents call:
- 787-3124 for Supplementary Health Benefits
- 787-4723 for Family Health Benefits

Other residents within Saskatchewan call:
- 1-800-266-0695 for Supplementary Health Benefits
- 1-877-696-7546 for Family Health Benefits

For information about Saskatchewan Air Ambulance program:
Telephone (306) 787-1586

For Special Support applications for prescription drug costs:
Either contact your pharmacy, or
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

For additional information about Saskatchewan Aids to Independent Living (SAIL)
Telephone (306) 787-7121

Out of Province health services:
- Regina residents call 787-3475
- Other residents within the province call toll-free 1-800-667-7523

Prescription Drug Inquiries:
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

To obtain refunds for out-of-province physician and hospital services, and drug costs, forward bills to:

Claims and Benefits
Medical Services Plan
Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6

and

Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6